Oral Hygiene

VOL. 31, NO. 7 JULY, 1941

EDITOR
Edward J. Ryan
B.S., D.D.S.

ASSISTANT EDITOR
Marcella Hurley
B.A.

EDITOR EMERITUS
Rea Proctor McGee
D.D.S., M.D.

EDITORIAL OFFICE: 708 Church Street, Evanston, Ill.; PUBLICATION OFFICE: 1005 Liberty Avenue, Pittsburgh, Pa.; Merwin B. Massol, Publisher; W. E. Craig, D.D.S., Associate; R. C. Ketterer, Publication Manager; Mary Connally, Assistant to Publisher; Dorothy Sterling, Promotion Manager; Elizabeth Boyle, Circulation Manager. ADVERTISING OFFICES: NEW YORK: 18 East 48th Street; Stuart M. Stanley, Eastern Manager. CHICAGO: 870 Peoples Gas Building; John J. Downes, Western Manager. ST. LOUIS: Syndicate Trust Building; A. D. McKinney, Southern Manager. SAN FRANCISCO: 420 Market Street; LOS ANGELES: 318 West 9th Street; Don Harway, Pacific Coast Manager; Nelson Harway, Assistant Manager.
Copyright, 1941, Oral Hygiene, Inc. Member Controlled Circulation Audit.

FORHAN'S ADVERTISING MESSAGE—

"SEE YOUR DENTIST EVERY 3 MONTHS"

Reaches Millions of Prospective Patients

1. **Over 40,000,000 thru national magazines.**
2. **And millions *more* thru Gabriel Heatter's News Broadcasts (every Tuesday and Thursday night).**

Also tells how

95% CASES OF GINGIVITIS IMPROVED IN 30 DAYS

Clinical investigation shows 95% of Gingivitis cases improved in 30 days (after prophylaxis) by daily massaging gums and brushing teeth with Forhan's Toothpaste. For over 20 years dentists have found it pays to indicate Forhan's and massage.

Samples sent on request to Forhan's, New Brunswick, N. J.

THE *ORIGINAL* TOOTHPASTE FOR MASSAGING GUMS AND CLEANING TEETH

Eight Years of Hitlerism Impairs German Health

by Curt Daniel

A SUBJECT OF GREAT interest and importance but about which little is known, is the effect of eight years of Nazi rule on the health of the German people. That so little is known about this matter cannot be credited to the efficiency of satanic little Goebbels' *Propaganda Ministerium* but to the fact that the material is hidden in stacks of reports, statistics, and medical and dental journals; all of which lack "human interest." Anyone who has lived in Germany[1] knows from his own experience that the policies of the Nazis, where they impinged on public health, did and are doing irreparable injury. Stronger than any subjective story told by the people who lived in the Third Reich, there is a startling story, coldly objective, based solely on these official reports and statistics published by the Nazis themselves.

Before dealing in some detail with this material it would be as well to answer a question which might easily be asked. That is, how is it that the Nazis who are so clever at propaganda, at window dressing and the construction of Potemkin villages, how is it that they permit the publication of material which contradicts the wonder world they claim to have created? This is a question which I cannot answer satisfactorily, even for myself. One thing is certain, it is not inefficiency.

"About 98 per cent of all the German people suffer from dental caries, which in its turn is responsible for diseases of the stomach, liver, and kidneys," says Reichs Dental Leader Wagner.

[1]Daniel, Curt: I Was a Dentist in German Concentration Camps, ORAL HYGIENE 31:23 (January) 1941.

It is possible that in certain technological fields the Nazi propagandists do not exert much pressure, as they probably hold that the scientific workers in these fields are numerically unimportant and, anyway, propaganda proof. The Nazis create myths mainly for the common people; for example, one of the myths created by the Nazis is that they have a "socialistic" state. This myth intended only for internal consumption is aimed at fooling the German people. At the same time, as the official propagandists are handing out this pap, the *Handbuch der Deutschen Aktien Gesellschaften* and the Stock Exchange reports show that the German trusts, *I. G. Farben*, *Vereinigte Stahlwerke*, and others, are making bigger profits and paying larger dividends than ever before. The Nazis feel that this contradiction is too technical and out of the way to come to the notice of ordinary people.

Public Health

To come back to the specific subject of public health in the Third Reich, what has been the effect of eight years of Naziism in this vital field? There are two poles of opinion. At one extremity there is Doctor Martin Gumpert, formerly head of the Berlin Dispensary for Deformity Diseases, and well-known as the official biographer of the founder of the Red Cross. Summarizing the effects of German Fascism on the peoples' health, he says that the Third Reich now has:

An increased death rate, a falling birth rate, a declining fecundity, increase in rickets, the physical incapacity of youth, 90 per cent flat feet, a growing criminality, an increase in drunkenness, a doubling of mental diseases, an increase in venereal diseases, a rise in tuberculosis for man and beast, an increase in epidemics, food poisoning, puerperal fever, an increasing mortality rate in the hospitals, a piling up of fatal accidents, a decline in working capacity, new occupational diseases, injury by compulsory sports, an increase in undernourishment of female workers, a shortage of vitamins, and so on.

Then at the other extremity are the Nazis themselves. Hitler, at the Nazi Party rally at Nuremberg in 1935, said, "Our people are becoming visibly more robust." Reich Health Leader Doctor Conti recently claimed that the German people were the healthiest in the world. The truth lies somewhere between these extremes. From the facts and figures, which I have found in official Nazi publications and documents, it would seem to lie somewhat closer to the version of Doctor Gumpert.

Perhaps the most interesting field in which the Nazis have done much work and met with complete failure is that of child welfare and health protection. According to Doctor Walter Friedlaender, international authority on child welfare, the pre-Hitler system, which was one of the best in Europe, has been dragged down to a point bordering on the disastrous. Such diseases as rickets, (exceedingly prevalent in the bad days of post-war Germany) are now on the increase. The head of the Children's Clinic at Kiel University, Professor Rominger, in 1938 issued a report on rickets. He pointed out that in the heavily industrialized


DISEASE
M·P·S
SCIENCE

areas such as the Ruhr, Dresden, and Berlin, an average of about 35 per cent of the children had rickets. As an example, the report mentioned specifically the city of Dortmund where in the bad year of 1924, 42 per cent of the children had rickets, while under the Nazis in the so-called "good year" of 1938, the figure had risen to 55 per cent.

The gold mine of information on most facts of public health in Germany is the official *Statistisches Jahrbuch des Deutschen Reich*. As most of the relevant figures (on public health) show a steady rise over the period 1933-1937, it is reasonable to assume that the incompleteness of the figures after 1937 is a deliberate attempt to cover up something alarming.

A condition, sufficiently widespread as to be causing grave alarm to Nazi officials, throws revealing light on their crazy social structure. This is the rather mundane, but nevertheless serious, defect of flat feet. Ordinarily a condition like flat feet, which is prevalent enough anyway, would not concern the Nazis, but it happens to jolt them in a sensitive place. It has interfered severely with those plans for universal regimentation so dear to the hearts of the Nazis. Time after time the Nazi medical authorities have had to turn in alarming reports on this subject. Just before the outbreak of the present war they reported that over 70 per cent of the children in the Hitler Youth Movement had flat feet or some other abnormal foot condition.

That scientific pursuits are regarded by the Nazis as slightly subnormal is shown clearly by the official attitude toward medicine and dentistry. If there were reasons which made it impossible to get at the root cause of serious ailments in most countries, then it is certain that more technicians would be put to work to handle the condition. Not so in Germany. The whole Nazi setup wallows in mysticism and anti-scientific blah. Medicine and dentistry are no longer the honorable professions they used to be in pre-Hitler Germany. Quackery is not merely on the increase, it is rampant, and has official protection. Some of the present and former party bosses, notably Hess, Hitler's one-time Deputy, actually are "Health Practitioners." Under the aegis of Hess, a law came out February 2, 1939, which secured state recognition for quacks. "Those who feel within themselves a special call to nature healing can dispense with higher education or any form of education." Coincident with that, on April first of that same year the period of study for legitimate medical practitioners was cut down by two years. The last available comparative figures (1937) show that there were 48,848 physicians and 12,407 health practitioners (*Heil-praktiker*). Since then the number of physicians has decreased and the number of quacks risen. The practice of dentistry has also been interfered with by these state-protected "witch-doctors."

There is a stigma attached to study in Nazi Germany. Enroll-

In the official publications of the *Hitler Jugend*—the Nazi organization which bears a superficial resemblance, but only superficial, to the Boy Scout Movement—can be found the schedules for marching. They are worth examining:

Age	*Distance in Miles*	*Long Marches*	*Pack in Pounds*
10	5	—	—
11	6¼	—	—
12	9¼	6¼ to 7½	—
13	11	7½ to 9¼	—
14	12½	9¼	—
15	13½	11	11
16	15½	12½	11
17	15½	12½	15½
18	18½	15½	22

It is obvious even to the layman that marches like this for children suffering from malnutrition can have nothing but serious consequences. There is a definite hiatus between Hitler's wish for a youth "slim and strong, as fast as a greyhound, as tough as leather and as hard as Krupp steel" and the sad reality. What is being built up is a horde of near-cripples.

ment at dental and medical colleges has tapered off to little more than a handful. The position is serious now but what it will be in the future is beyond imagination. After expelling over 12,000 Jewish physicians, some 38,000 physicians were left. More than one-third are now attached to the Army, so that the 25,000 remaining supply the population in a ratio 1:4,000. The situation with regard to dentists is parallel.

The period of study for medicine and dentistry has been shortened. In the case of medicine the total period of study is now ten semesters, including the internship. It is well-known that students who are party members or S. S. never fail. It is an understood thing that they can never be kept from taking an examination over, for more than six weeks. If they are still unable to pass their examination, they are given the necessary credits notwithstanding.

The depths to which medical science has been dragged by the Nazis can be seen from the following extract from the once famous *Berliner Medizinische Wochenschrift*. At the end of last year a certain Professor Buchinger wrote

the following prize piece of balderdash:

> Fasting for the healthy man is easier than for the one who is already ill. It strengthens both body and soul. More resistance is developed against infections and spiritual disturbances. If the fast should become a regular habit, innumerable people would be saved from infections and early death. The period of rest, which accompanies the fast, forces the individual often to work out a new order for his life. Regular fasts for a few days or even weeks would be of enormous advantage for the whole German people.

Food Shortage

The official weekly ration of fats is 5 ounces per week. In fact the average German is lucky to get half this amount. The lack of sufficient supply of protein is admitted. Professor A. Bickel wrote in the *Wiener Medizinische Wochenschrift*: "The supply of protein for the German people in 1939 was insufficient." About the results of the food shortage the Nazis are more vocal. One obvious result is an increase in sickness. In 1938 the important Wiesbaden conference of the Society for Internal Medicine reported to the Government that the deficiency of Vitamin B_1 was partly responsible for the phenomenal increase in disease. The Reichs Sickness Insurance Bureau reported that registered sickness claims had increased 20 per cent since the Nazi *Machtübernahme* of January, 1933. The lack of protective foods over a period of eight years has resulted in an all-round lowering of resistance. Ordinary complaints, coughs and digestive disorders, develop into serious ailments. Minor ailments become aggravated, because of the fear of seeking medical assistance in view of the Nazi branding of sickness as "anti-social behavior."

One of the reasons for the enormous number of non-Germans (Poles, Czechs, Danes, Dutch) working in Germany is to make up the labor shortage partly caused by illness. The official *Deutscher Volkswirt* No. 32 of 1939 reported, "In 1938, 200 million work days were lost, 12,000,000 attributable to digestive disorders alone; on the average, every German worker, male or female, lost one day through stomach trouble and more than two weeks through other sickness."

Dentistry Unimportant

The effect of a debased standard of living is observable from the dentistry angle. The Nazis now regard the practice and study of dentistry as of so little importance that no attempt is made to cover up the situation. At the beginning of the war Reichs Dental Leader Wagner addressed a closed meeting of German dentists on the terrible state of German teeth. *Zahnarztliche Rundschau* No. 47, for 1939, printed part of his speech (and possibly not the worst part), "We are living in a period of catastrophic dental decay. About 98 per cent of all the German people suffer from dental caries which in its turn is responsible for diseases of the stomach, liver, and kidneys. Ninety per cent of children between 6 and 14 have dental caries as a result of malnutrition."

Such is the Nazi mentality that

a problem only assumes importance when it threatens to interfere with military power. The question of human value does not arise. In the middle of last year Professor Franz Matthies complained, "Every fifteenth German is militarily unfit because of dental caries. As a result the German Army is short of two Army Corps, a thing which may have important consequences in the near future."

What the Nazis have done to mental health is a repetition of the foregoing. The connection between a political regime of total suppression and mental health is obvious. Germany now has the highest suicide rate in the world. According to the *Statistisches Jahrbuch,* for 1938, out of every ten thousand deaths 4.1 are suicides. The number of patients in mental hospitals rose steadily from 1933, and in 1936 amounted to 346,014. A psychiatrist in a great North German institute remarked to the writer that since 1933 half of his patients had "Gestapo persecution complex."

Once more the situation in this field has disturbed the Army. Every Army Corps now has its psychologist. Doctor Simoneit, head psychologist in the War Ministry, gave a remarkable lecture on November 23, 1937, at Hannover. "The psychological examination of the cadets has become necessary because the candidates today exhibit very grave lack of knowledge and to a very great extent have a rather faulty point of view with regard to mental work. Stupidity and laziness of mind are always defects of character."

Already the Army, a realistic section of the Nazi State, is lamenting the contempt for science which has denuded the universities, formerly a pool for Army technical staffs. The General Staff has had to open a science department to train its own personnel.

Whatever the result of the fighting in Europe, the Nazi regime is doomed. It has starved and attempted to stultify human machines in order to create inhuman machines of destruction. The day of doom cannot be far off but the sorrow and suffering wreaked on the German people, whose health has been destroyed by Hitler and his Frankensteins, will leave their mark for generations.

Speaking as a Patient—

It is bad enough to be kept waiting out in the reception room, but when the magazines are of an out-moded vintage, the time spent waiting seems more of a waste. Nothing irritates me more than having to look at swimming and golf pictures after having to wade to the dentist's office through two feet of snow, or read notices advising me to do my "Christmas shopping early" on a hot July day.

You Can't Use Your X-Ray Too Much

by Matthew Lozier, D.D.S.

THE DENTIST, in common with any other type of professional man, should look at his capital in stock mainly as the reputation he enjoys in the community in which he is practicing. Since a reputation is exceedingly fragile and vulnerable, it behooves a cautious man to adopt for his personal creed the motto, "Eternal vigilance is the price of safety."

In the health professions this motto should particularly apply to the dental practitioner. Though a bearer of a professional degree, he is up to the present day deprived, at least in the majority of states, of the right to certify death, even when it results from a dental or oral cause, his legal province.

The dentist in his continuous ministrations to all types of patients, young and old, well and infrequently gravely ill, must be on constant vigil for the possibility of some serious complication, that will sometimes, despite all precautions, develop as a sequel to a surgical procedure, however simple.

Just when a thing of this sort will occur, no one can naturally foresee. But, when it does, it may badly upset and, sometimes, entirely wipe out a professional existence of long standing.

Yet, with this grave possibility always in store for him, the principal factor the dentist could lean upon to defend his position in the event of such a mishap; the factor which would serve him most concretely in protecting his hard-earned professional reputation is, unfortunately, only too often un-

available. I am referring here, of course, to possession of case records and preoperative roentgenograms.

While the uses of roentgenography in dental and oral surgery for diagnostic purposes have been amply stressed, the importance of a roentgenogram in the case of a lawsuit was, heretofore, for one reason or another, insufficiently discussed.

Otherwise, how could one possibly explain the fact that, up to the present day, even where an X-ray apparatus is readily available, all types of dental surgery are daily undertaken without benefit of a single roentgenogram?

Parenthetically, the obvious unimportance the general practitioner seems to attach to the practice of roentgenography, will also explain perhaps the reason for the decidedly inferior character, one can readily observe, in the present day standard of dental roentgenograms. The apparently secondary position this highly important science plays in the average dental practice reminds the author of the occasion when an assistant of a neighboring dentist, in her anxiety to emphasize the thoroughness of her employer, stressed the fact that her dentist is so careful in his work that he usually "X-rays a tooth even before extracting it."

However, regardless of the value a dentist may place on the roentgenogram for purely diagnostic purposes, it is high time for him to recognize the urgent necessity of being in possession of preoperative roentgenograms just for that unwelcome occasion when he is suddenly faced with a malpractice litigation; from which no one is ever immune.

Almost any professional liability insurance company will readily substantiate to anyone interested the well-known fact that, rarely indeed, will a verdict be delivered for the plaintiff, when records and preoperative roentgenographic evidence are in possession of the defendant. On the other hand, numerous cases can be mentioned in which the mere inability to produce such exhibits was sufficient basis for rendering the verdict against the defendant.

The inability of a dentist to produce records and the roentgenographic evidence, Doctor Lozier points out, has often been sufficient basis on which to render a verdict against the defendant in a malpractice suit.

This rather careless attitude on the part of the dental practitioner may possibly result from his tendency to dismiss the possibility of personal involvement in a serious postoperative complication. To do so is merely to lure oneself into a state of false security.

Cases are on record, when an extirpation of a pulp, an extraction of a temporary tooth, even a mere prophylaxis, led to complications, such as thrombophlebitis of the cavernus sinus, Ludwig's angina,

osteomyelitis, deep cellular infection or severe hemorrhage, sometimes with fatal results.

Now, if these grave complications, however remote in etiology they might have been from the surgery undertaken, have occurred in the past it is always possible for them to occur again.

A roentgenogram or two, together with a brief history of the case, extracted from a file of other case histories, (properly put away for at least two years in the case of adult patients and longer for children, according to the period of time the law holds one responsible) is frequently just enough evidence to create a favorable impression in the jury's mind as to the type of practitioner the court has been asked to pass judgment upon.

It is the purpose of this paper to indelibly impress upon the reader's mind the fact that, to conduct a dental practice at the present time, when malpractice suits are almost daily occurrences, without liability insurance, properly kept records and preoperative roentgenograms, is as unthinkable as falling back to the day of the foot engine or to candlelight illumination.

369 *East 149th Street*
New York City

DENTAL AND MEDICAL COURSES MERGED

MERGING OF THE first two years of the medical and dental schools of the University of Louisville was announced by President Raymond A. Kent on the 105th anniversary of the founding of the University. To complete the consolidation of these courses the erection of a new $125,000 dental addition to the medical building is necessary and a $40,000 dental clinic must be set up at the City Hospital. In the explaining of the proposed changes Dean J. T. O'Rourke of the dental school said, "The time has come when it is essential that the practicing dentist should have a greater knowledge of clinical medicine." He also spoke of the "startling no man's land" that exists between dental and medical teaching, although Nature does not recognize any great separation of dental and medical service.

Specific steps in the consolidation will include:

1. Admission requirements for the dental and medical schools will be equal.

2. The first two years of the dental and medical courses will be the same and can be counted toward either a dental or medical degree.

3. The dental student will, like the medical student, have opportunities in the third and fourth years for training in diagnosis and in clinical medicine.

4. Two additional years of study will entitle a dental graduate to a medical degree, and the graduate of medicine may in the same length of time obtain a dental degree.

THIS DENTIST LIVES TO FIGHT AGAIN

by Jay Voorhies

An authentic World War hero, this former New Zealand dentist, Major General B. C. Freyberg, is again making headlines as Commander-in-Chief of the New Zealand Expeditionary Force in the Middle East.

AMONG THE 15,000 British troops that reached Alexandria safely, following their hazardous evacuation from Crete, was Major General Bernard C. Freyberg, a dentist, and Commander-in-Chief of all the Allied Forces during the epic battle, which was marked by the fiercest fighting of the entire war.

The story of General Freyberg is the story of the type of man one would expect to find leading a back-to-the-wall fight against overwhelming odds on a sea-girt island from which there was little escape for him or his foes.

Though still a young man, he's only fifty-one, General Freyberg has crowded so much into his life that, while still very much alive he has become an almost legendary figure, enveloped in a Homeric halo of mingled fact and fancy; an unconventional, swashbuckling soldier of fortune; educated for dentistry; a Brigadier-General at 27 years; wounded fourteen times in the World War, which earned him a special armlet to carry his wound stripes, three Distinguished Service Order and Victoria Cross decorations, and a knighthood. A man who makes lively reading but an elusive subject for a reporter trying to dig up facts.

London advises, by cable to ORAL HYGIENE, that it is generally agreed that General Freyberg was educated for dentistry. It is also believed that he practiced dentistry for a short time in New Zealand just prior to the World War. There are rumors that he practiced a short time in San Francisco, but these have not been confirmed. After a painstaking search Doctor Josef Novitzsky of San Francisco reports that he could find no listing of Doctor Freyberg in the greater San Francisco city directories from 1895 to 1915. Nor could the Board of Dental Examiners of the State of California show any record of a license having been issued to Freyberg. It is, therefore, presumed his dental experience was exclusively in New Zealand. Although both the

New York Times and *Life* magazine list Freyberg as a dentist, they are entirely vague on the place of his dental experience.

General Freyberg was born in London in 1890 and was taken to New Zealand by his father as a boy. He was educated in Wellington College and by the time he was seventeen was the swimming champion of New Zealand.

Now here is where the Freyberg legend begins. Just prior to the entry of the United States into the World War, General Freyberg, then a youngster in his twenties, landed in San Francisco. Whether he engaged at all in the practice of dentistry has not been established, but it is pretty well substantiated that he made his way into Mexico and signed up as a captain with Pancho Villa who, at that time, was making things rather interesting for General Pershing along the Mexican border and points south. This is the first evidence that, so far as Freyberg was concerned, a fight is a fight.

How and when Freyberg got out of the Villa fracas is somewhat shrouded in mystery. One report has it that he just "jumped" ranks, which is possible, since his stay with Villa was merely a stop-over to gather some cash to get him to the bigger scrap in Europe. Whatever money he did get with Villa either didn't last long or wasn't enough to get him to New York and on a boat bound for Europe. He next turns up in San Francisco broke—but not for long. He entered a local swimming meet that offered cash prizes, won the meet, and with his prize money set out for New York.

Again needing money for his last lap to Europe, Freyberg signed up as a "fall guy" in a 10-round bout in Harlem with a Jewish lad known as Young McGuffey. Freyberg, who was battling more or less extemporaneously under the *nom de guerre* of "Kid Comptyomph of New Zealand," so far forgot his role of "fall guy" that he proceeded to beat up McGuffey.

Commissioned in London

From his Harlem set-to Freyberg went to London where he talked the military authorities into giving him a Second Lieutenant's commission on the strength of his military experience with Villa. The story has it that he got his commission from Churchill himself. At any rate he is next definitely located with the Anzacs in the ill-fated Gallipoli campaign. At Gallipoli, Freyberg's prowess as a swimmer again came in handy—handy enough to enable the British Forces to effect a landing and to win a Distinguished Service Order decoration for him. Under heavy fire from the Turkish batteries, Freyberg swam to shore pushing before him a small rowboat loaded with flares and grenades. When he set off his boat load of fireworks, the resulting pandemonium so confounded the Turks that they concentrated their fire on him, thinking he was a British detail that had made a landing. Meantime the British Force was landing a short distance away. When the reception the Turks gave him and his boat

became too warm, Freyberg started to swim—and swam for seven hours before he was picked up by a British destroyer.

After Gallipoli

After the collapse of the Gallipoli Campaign, Freyberg and his Anzacs were brought over to the Western Front, where he fought at Amiens, helped break the Hindenburg Line and at the age of twenty-seven was made a Brigadier-General—the youngest on record. His exploits on the Western Front included tearing across No Man's Land on a bicycle to reorganize his wavering left flank, and leading his men personally in a hand-to-hand encounter against a greatly superior German force in the capture of Beaufort, taking 500 prisoners and then being carried from the field in a stretcher.

Upon the conclusion of the World War, instead of stepping back into the relative peace of dental practice, General Freyberg remained in the British Army, holding staff appointments in the War Office and in the Eastern and Southern Commands.

Outside of two attempts to swim the English Channel, once in 1925 and again in 1926, when he came within 600 yards of his goal, before war wounds and an adverse set in the tide forced him to give up, General Freyberg did not figure much in the news until catapulted into the headlines by the Battle of Crete.

Although playing an active role in the present war since February, 1940 when, as Commander of the

Major General Bernard C. Freyberg, fighting dentist of New Zealand

New Zealand Expeditionary Force, he slipped into Suez with 30,000 Australian and New Zealand troops, having brought them over 10,000 miles of water in dead secrecy, censorship regulations have permitted few details of his activities to become public. Since where his New Zealanders are, it is safe to assume General Freyberg will be also, he indubitably fought in the Libyan campaign and, in the light of subsequent events, was probably in command of the expeditionary force sent into Greece when the Germans let loose their might upon that game but hapless country. It is also safe to assume that he was the guiding genius in the evacua-

tion of that force from Greece to Crete.

Elevation of General Freyberg to Commander-in-Chief of the Allied Forces in Crete came with dramatic suddenness in the midst of the air assault upon that island. It was announced in an order of the day addressed to all officers and men in the Allied Forces by Emmanuel Tsouderos, Greek Premier and Minister of War. This order followed closely upon a royal decree by King George II, of Greece, then in Crete, dismissing six Greek generals from the army with a reprimand to four of them for concluding the armistice with the Germans without the permission of the King.

In British military circles General Freyberg is considered one of the most authentic of World War heroes. Sir James Barrie, who acted as best man for General Freyberg, when in 1922 he married Miss Barbara Maclaren, used General Freyberg and his exploit at Gallipoli as the theme of his famous address, "Youth and Courage."

220 West 42nd Street
New York, New York

AN APOLOGY

THE LEGEND UNDER the color portrait of Doctor Percy C. Lowery of Detroit on the cover of June ORAL HYGIENE indicated that Doctor Lowery is still the Chairman of the American Dental Association Research Commission. The fact is that Doctor Lowery relinquished this chairmanship at the Cleveland meeting of the American Dental Association, and although he is still a member of the Commission is not now the Chairman. Doctor M. D. Huff of Atlanta, Georgia, is the present Chairman.

ATTENTION DENTISTS!

IF YOU ARE now serving with our defense forces or expect to be inducted into service, remember that we want ORAL HYGIENE to follow you wherever you go. To be sure you won't miss an issue, send us your new address (and your former one), giving specific details about the part of the service into which you have been inducted, and we'll see that you receive the magazine regularly.

NUTRITION FOR DEFENSE

by Fred D. Miller, D.D.S.

JUST BEFORE I LEFT home as a delegate to the National Nutrition Conference for Defense held in Washington in late May, my 88-year-old-mother reminded me of Gladstone's quotation: "They who boast that they never change their minds about anything love themselves more than they love truth."

You can't go to any conference without endangering your hard-held beliefs. You come out of any conference, if you keep your open-mindedness, with a new set of values. I carried out of this nutrition conference a body of feelings that were not altogether happy ones, although I feel that the task of improving the nutritional level of the American people is one that can be accomplished. I know that we must first cut through a strong resistance of ignorance and vested commercial interests. We would all like to believe that conferring together and by voluntary action we could gain the objective of fortifying the nutrition of our people, but if voluntary methods are not effective a national emergency may demand a strong hand of government ukase.

The "army" of 900 that attended the conference agreed on certain general facts:

1. That the general physical condition of American youth is woefully under par and that their physical stamina is a disgrace to our civilization.

2. That it is these youths who face and must carry us through the greatest crisis in our history.

3. That "those who forge the weapons of defense are just as important to our safety as those for whose use the weapons are intended."

"This conference is firing the opening gun in a real New Order; not a New Order based on fear, compulsion and slavery, but a New Order based on physical well-being, equal opportunity, and freedom of the soul."
—Henry A. Wallace

"Don't forget that for a very significant part of our population nutrition is not a nine-letter word emblazoned with men in white rampant upon a field of vitamins. It is a four-letter word, food—good food, and plenty of it."

—Paul V. McNutt

4. That "malnutrition among a large section of the population is of national concern."

5. That proper nutrition is important to carry us through the physical stresses and mental crises that confront us.

6. And finally—and a happy and cheerful thought—the 900 who attended the conference came away feeling that we as a nation have the scientific knowledge, the resources to do something. All we need is the upsurgence of a strong national *will* to do a job to improve the nutrition of all our people, and to do it *now*.

We dentists have been recognized as important parts in a national nutrition program. Some of our members attended the conference as delegates and, more important, in the reports and recommendations that came from the conference, the part that dentists and dentistry may play in educating and advising the public was prominently emphasized. The following remedies were suggested:

1. "Better training in nutrition for medical, dental, and public health students."

2. "Extensive postgraduate courses in nutrition for physicians, dentists, and public health officers."

3. "Development of a certain number of physicians and dentists with a broad and extensive knowledge of the general field of nutrition and with sufficient experience in the recognition of nutritional diseases to provide expert medical and dental advice to public-school teachers, social workers, public health nurses, nutritionists, practitioners of medicine and dentistry, and many others concerned with the nutritional needs of the people."

Furthermore, it was recommended that:

1. "Considering the importance of nutrition in health and welfare, it is important that all workers who have contact with large groups of population should have fundamental training in nutrition. This includes teachers and administrators in schools, nurses, social workers, and the public health dentist and physician."

2. "Professional workers engaged in certain specialties have a greater than average opportunity for fostering good nutrition. Among these are nutritionists and dietitians, physicians of internal medicine, pediatricians, obstetricians, public health physicians, nurses and dentists, teachers of health education, social and bio-

logical sciences, home economics, agriculture, child welfare and medical social workers."

Because there were comparatively few dentists attending the conference, I could not allow the opportunity to pass without saying something on behalf of dentists, and I briefly left this message with the delegates: Because the oral manifestations of nutritional deficiencies are manifest in the mouth early and before there are other diagnostic symptoms and because the dentists see their patients while they are well, at least while they are ambulatory, the alert dentist can forecast, from changes in tissue tone and character of saliva, symptoms of a deranged body chemistry. I urged that the delegates work with the dentist because dental caries was the chief cause of rejections under the Selective Service Act, and because these crippled and wrecked grinding machines are undoubtedly a contributing factor in the failure to get the full nutrient value from food. I stressed the fact that, when you have a cavity in a tooth, you are sick and when you are sick you are not a victim but a culprit.

President Roosevelt asked for the simple truth. He asked for a program of action from which the details of a nation-wide nutrition plan might be developed. I am afraid that what he got was a prescription written in Latin and one that could be filled or deciphered only by a smart drug store chemist or a college professor. It is too bad that this group of well-meaning nutritionists, physicians, dentists, public health officers, nurses, and some research workers should have the chief issues clouded by vested food interests. Not all of the commercial food people were in such a design against the American people, but there were enough of them who are primarily interested in profit from foodless food and whose representatives unfortunately dominated many sections of the conference and who, by misleading statements and innuendoes, were able to cast confusion into the conference.

The recommendations made for the nutritional health of the people

"During these days of stress the health problems of the military and civilian population are inseparable. Total defense demands man power. The full energy of every American is necessary. Medical authorities recognize completely that efficiency and stamina depend on proper food. Fighting men of our armed forces, workers in industry, the families of these workers, every man and woman in America, must have nourishing food. If the people are undernourished, they cannot be efficient in producing what we need in our unified drive for dynamic strength."

—Franklin D. Roosevelt

were simple ones. Of the two factors that are most needed by the people at this time, one is 98 per cent whole-wheat bread that has had nothing added or taken away from it and which contains 70 grains to the pound loaf of precious minerals plus all of the natural vitamins, enzymes, ferments natural to wheat. This would be in contrast to the "ideal" food we now have in white flour bread from which have been milled all but 18 grains of these essential minerals, and which require in "off-setting" foods amounts to the extent of 3 dozen eggs, a quart of milk, and about 80 cents worth of lettuce to make up 52 grains that have been lost from this pound loaf of bread.

The other factor that we should enforce on the national program of nutrition is a marked reduction in the consumption of refined sugar and products made from it that appease the appetite and crowd out the protective foods.

As the next step in the nutrition program, it has been suggested that the governor of each state call a state conference on nutrition to consider the special needs of the people in his commonwealth. These state conferences offer the opportunity for dental societies and dentists to play a prominent part in the total defense of the American people.

1122 *Twelfth Avenue*
Altoona, Pennsylvania

EVERYONE HAS A STORY TO TELL

We are often asked, "Do you welcome articles by readers?" The answer is emphatically, "yes."

•

WHO—The pages of ORAL HYGIENE are open to every reader who wishes to relate an experience or express a point of view, simply, directly, without rhetorical flourishes.

•

WHAT—If you know a human interest story, something unusual in your own or another dentist's experiences, if you have a novel business idea, a new method of office management, tell us your story. We want *non-technical* articles of from 1200 to 1500 words.

•

WHEN—The time for writing that article you have in mind is *now*.

•

WHY—Whatever is of interest to you is of interest to other dentists.

•

WHERE—You are assured of a welcome in this editorial office. Send all manuscripts to ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

Military and Defense News

Deferment of Dentists: A study made on the part of Selective Service and the War Department resulted, during the early part of May, in important developments affecting dentists. National Headquarters of the Selective Service System has notified all State Directors that investigation has demonstrated a growing over-all national shortage of dentists, physicians, interns, and dental and medical students and stresses the importance of deferment in proper cases. Detailed release from Selective Service provided in substance that the local board has the problem of deciding whether or not the individual dentist is so necessary to the community that he should be deferred from training and service. This problem, members of the draft boards were advised, should be approached with a clear appreciation of the over-all national shortage.

Dental Students: Officials of the War Department have reached the conclusion that it is of paramount importance that the enrollment of dental students be not only maintained but encouraged to grow, and that no student who gives reasonable promise of becoming an acceptable dentist be called to military service before attaining that status. Local boards have been asked to remember that a deferment is not an exemption and that the obligation and liability for military service remains upon its expiration. The procedure governing deferments of dental students is the same as that prescribed for medical students.

Dentists in Draft: Of interest to dentists inducted under the Selective Service Act is this recent release by the War Department:

"Individuals who are qualified for appointment in the Dental and Veterinary Corps Reserve, who have been inducted under provisions of the Selective Training and Service Act of 1940, should be encouraged to apply for appointment in order that they may serve in a professional capacity. Individuals accepted for appointment will be discharged and ordered to extended active duty for a period of twelve consecutive months."

Rejections Compared: A close examination of dental rejections under the Selective Service Act is now being made, and figures recently released by the War Department make a comparison between the number of selectees rejected for dental defects (expressed in percentage of total rejections) in 1918 and under the present Act.

Although it appears from the figures, shown in Table I, that more than three times as many of Selective Service trainees are being rejected because of dental defects as were rejected in 1918, many factors complicate such a comparison. The most confusing factor is the age of the examinee. In 1918 most of the

were simple ones. Of the two factors that are most needed by the people at this time, one is 98 per cent whole-wheat bread that has had nothing added or taken away from it and which contains 70 grains to the pound loaf of precious minerals plus all of the natural vitamins, enzymes, ferments natural to wheat. This would be in contrast to the "ideal" food we now have in white flour bread from which have been milled all but 18 grains of these essential minerals, and which require in "off-setting" foods amounts to the extent of 3 dozen eggs, a quart of milk, and about 80 cents worth of lettuce to make up 52 grains that have been lost from this pound loaf of bread.

The other factor that we should enforce on the national program of nutrition is a marked reduction in the consumption of refined sugar and products made from it that appease the appetite and crowd out the protective foods.

As the next step in the nutrition program, it has been suggested that the governor of each state call a state conference on nutrition to consider the special needs of the people in his commonwealth. These state conferences offer the opportunity for dental societies and dentists to play a prominent part in the total defense of the American people.

1122 *Twelfth Avenue*
Altoona, Pennsylvania

EVERYONE HAS A STORY TO TELL

We are often asked, "Do you welcome articles by readers?" The answer is emphatically, "yes."

•

WHO—The pages of ORAL HYGIENE are open to every reader who wishes to relate an experience or express a point of view, simply, directly, without rhetorical flourishes.

•

WHAT—If you know a human interest story, something unusual in your own or another dentist's experiences, if you have a novel business idea, a new method of office management, tell us your story. We want *non-technical* articles of from 1200 to 1500 words.

•

WHEN—The time for writing that article you have in mind is *now*.

•

WHY—Whatever is of interest to you is of interest to other dentists.

•

WHERE—You are assured of a welcome in this editorial office. Send all manuscripts to ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

Military and Defense News

Deferment of Dentists: A study made on the part of Selective Service and the War Department resulted, during the early part of May, in important developments affecting dentists. National Headquarters of the Selective Service System has notified all State Directors that investigation has demonstrated a growing over-all national shortage of dentists, physicians, interns, and dental and medical students and stresses the importance of deferment in proper cases. Detailed release from Selective Service provided in substance that the local board has the problem of deciding whether or not the individual dentist is so necessary to the community that he should be deferred from training and service. This problem, members of the draft boards were advised, should be approached with a clear appreciation of the over-all national shortage.

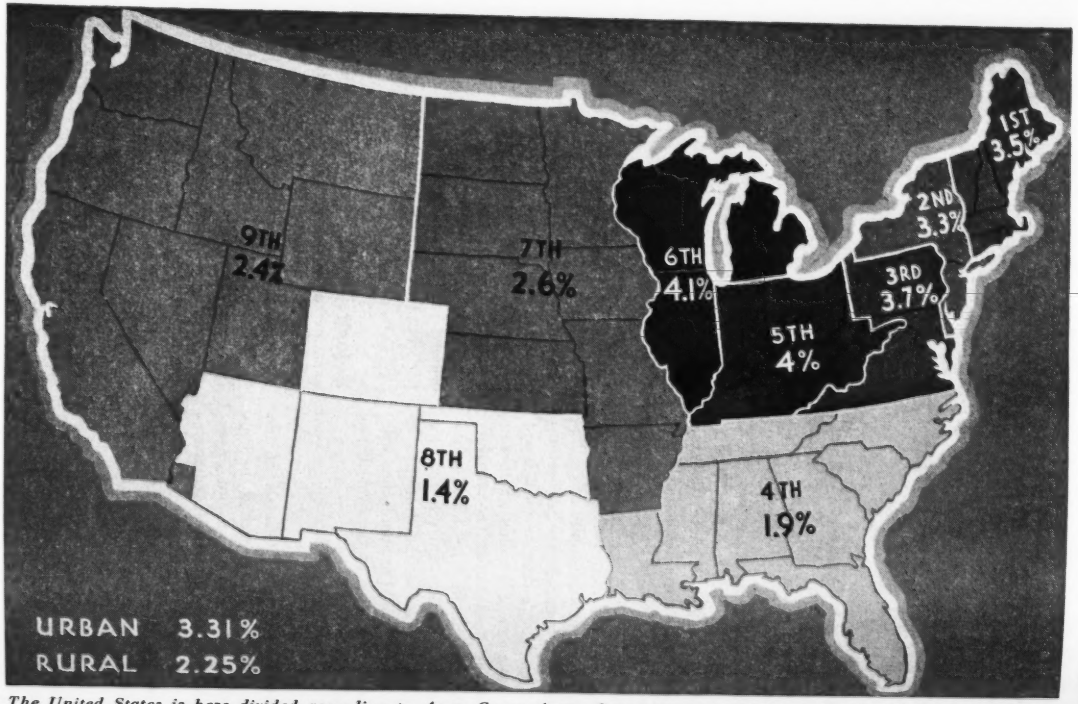
Dental Students: Officials of the War Department have reached the conclusion that it is of paramount importance that the enrollment of dental students be not only maintained but encouraged to grow, and that no student who gives reasonable promise of becoming an acceptable dentist be called to military service before attaining that status. Local boards have been asked to remember that a deferment is not an exemption and that the obligation and liability for military service remains upon its expiration. The procedure governing deferments of dental students is the same as that prescribed for medical students.

Dentists in Draft: Of interest to dentists inducted under the Selective Service Act is this recent release by the War Department:

"Individuals who are qualified for appointment in the Dental and Veterinary Corps Reserve, who have been inducted under provisions of the Selective Training and Service Act of 1940, should be encouraged to apply for appointment in order that they may serve in a professional capacity. Individuals accepted for appointment will be discharged and ordered to extended active duty for a period of twelve consecutive months."

Rejections Compared: A close examination of dental rejections under the Selective Service Act is now being made, and figures recently released by the War Department make a comparison between the number of selectees rejected for dental defects (expressed in percentage of total rejections) in 1918 and under the present Act.

Although it appears from the figures, shown in Table I, that more than three times as many of Selective Service trainees are being rejected because of dental defects as were rejected in 1918, many factors complicate such a comparison. The most confusing factor is the age of the examinee. In 1918 most of the

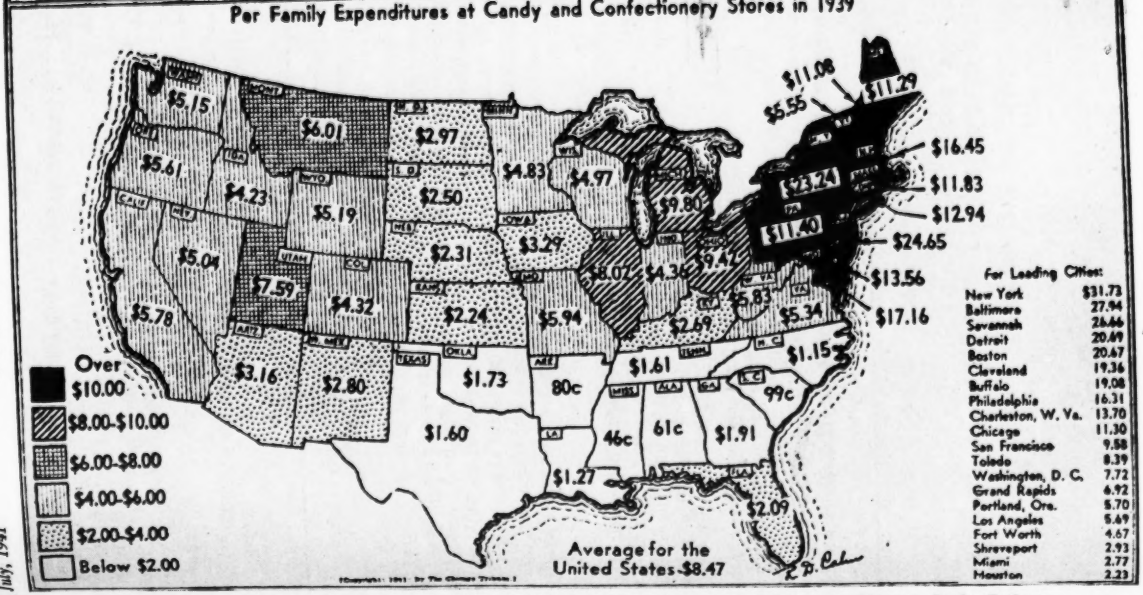


The United States is here divided according to Army Corps Areas. Percentage of rejections for dental defects at Army Induction Centers, among 120,689 selectees, is shown for each Corps Area. Percentage of urban rejections, as indicated below the map, is higher than for rural sections.

The accompanying map showing consumption of highly refined sugar appeared in the Chicago Daily Tribune of May 24, 1941. It is reproduced here by special permission of the Chicago Tribune.

New York City Has Sweetest Tooth

Per Family Expenditures at Candy and Confectionery Stores in 1939



The accompanying map showing consumption of highly refined sugar appeared in the Chicago Daily Tribune of May 24, 1941. It is reproduced here by special permission of the Chicago Tribune.

The United States is here divided according to Army Corps Areas. Percentage of rejections for dental defects at Army Induction Centers, among 120,689 selectees, is shown for each Corps Area. Percentage of urban rejections, as indicated below the map, is higher than for rural sections.

Table I

Year	Total Rejections	Rejections Because of Dental Defects	Rejections for Dental Defects Shown in Percentage of Total Rejections
1940-41	18,971	3,684	19.42%
1918	172,000	9,952	5.79%

applicants were in the 18-30 age group while in the present situation most of the applicants are in the 21-35 age group.

The following figures show what a tremendous difference age makes in relation to percentage of rejections for dental defects. These figures are furnished by the Statistical Division, of the Surgeon General's Office, and were compiled from examinations conducted in connection with the present Selective Service System. Per thousand men examined, rejections for dental defects averaged as follows:

Age Group	Rejections (Average)
18-25	21.22
26-30	39.25
31-36	65.16

The influence of age and residence on the number of dental defects found in selectees is shown in Table II.

In a special study of rejections for dental defects in 120,689 selectees, made between the initiation of the Selective Service Act last year and February 9, 1941, it was found that three men out of every hundred passed by the local draft boards were rejected at the induction centers. The percentage of rejections for dental defects in each Corps Area is shown on the accompanying map of the Nation.

Procedure Followed: What happens after a selectee is certified by the local board is still not clear to many dentists. Here, in brief, is the procedure followed:

After a selectee is passed by the local board, he goes to the induction board, usually located at a military post or camp. The latter is known as the reception center. He is first examined by the

Table II

Rejections for dental conditions at Induction Boards by age groups, urban and rural, expressed in rates per 1,000 men examined prior to February 9, 1941.

	Age Groups			
Residence	18-25	26-30	31-36	
Urban	23.17	41.66	68.78	
Rural	15.35	31.07	51.18	
Combined	. . .	. . .	. . .	30.61

induction board. Then, if passed, he is assigned to the reception center (usually located at the same place) where he is vaccinated, innoculated for typhoid, issued his uniform, and equipment. He remains here only a short time (a week or ten days) after which he is sent to a replacement center. Here he is assigned to a definite branch of the service and given basic training for approximately thirteen weeks. From the replacement center, at the end of this training, he is sent to join a unit, which is his permanent assignment.

DENTAL REJECTIONS BY CORPS AREAS

In a special study made of 120,689 rejectees it was found that 3 out of every 100 passed by local boards were rejected by induction boards because of dental defects. The percentage of these rejections in relation to whole number of rejections for each Corps Area is given in the map on page 896 and below the Corps Areas are arranged according to number of dental rejections:

CORPS AREAS	PERCENTAGES
1. Sixth (Illinois, Wisconsin, and Michigan)	4.1
2. Fifth (Ohio, Indiana, Kentucky, and West Virginia)	4
3. Third (Pennsylvania, Maryland, Virginia, and District of Columbia)	3.7
4. First (New England States)	3.5
5. Second (New York, New Jersey, and Delaware)	3.3
6. Seventh (North Central States)	2.6
7. Ninth (West Coast and North West)	2.4
8. Fourth (South Eastern States)	1.9
9. Eighth (Texas, Arizona, New Mexico, and Colorado)	1.4

THERE'S MONEY IN ASHES

UNWITTINGLY DENTISTS in San Antonio, Texas, have helped originate a strange new business that now reaches into thirty states. It started one day when John Towns was watching the janitor cart away the ashes from an incinerator of a building in which several dentists had their offices. Suddenly Towns had an idea. He asked the janitor for a sample of the ashes, had it assayed, and found enough gold to make a ton of ashes average $140 worth of gold; the tiny particles of which had been dropped by the dentists. Towns contracted to buy the sweepings from this building and later reached into thirty states, adding the sweepings from medical office buildings to his project. Out of ten tons of ashes and sweepings he receives each month, assays run from $100 to $2,000 a ton. Yet the famed Juneau mine of Alaska operates successfully with an assay of only fifty cents worth of gold per ton.—From *Coronet*, May, 1941.

Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

WE "KNOW" SO MUCH THAT ISN'T SO

FEW THINGS LINGER longer and have a harder death than our preconceptions. Our minds are cluttered with a mass of misinformation and half truths. We "know" so many things that upon careful examination prove to be without foundation in fact. We learn and repeat, we hear and restate, without testing ideas, experiences, points of view—we "know" so much that isn't so. About dental disease we have a sizeable mass of preconceptions. Our credo of credulity includes the belief that people receiving proper dental health education and early treatment are far better off than those people who do not; that the incidence of dental disease has something to do with nutrition, that the lack of some things in the diet and the excessive presence of others cause dental disease. This leads us to the next preconception; namely, that the economic level upon which people live has something to do with their dental health; in short, that people who have the highest standard of living, the most money to spend for dental care, those who live in centers of dental culture, are best off, although their actual immunity may be lower.

Some of these preconceptions of ours have had a rude deflation upon examining recent experiences in the physical examination of selectees under the Selective Service Act. From the sizeable sample of 120,000 rejectees we learn that rural people are better off from a dental point of view than urban dwellers, that despite the lack of school dental services, dental health education, and the availability of dentists, the draftees who lived in the country have better dental conditions than the draftees who came from metropolitan areas. We further learn from the enlightening map on page 896 that the soldiers who are selected from the deep South, where the per capita income is usually considered low, have better dental conditions than the soldiers who come from the North, where the family income is higher. Another preconception is blasted when we learn by looking at the map that the highest percentage of rejectees come from the Sixth Corps Area, which includes the home of the American Dental Association, five Class A dental colleges, and the part of the country that shelters dental clinics and extensive school programs.

From an entirely unrelated study we may gather a clue to conditions. On a map of the United States, page 897, showing the per capita consumption of highly refined sugar, we find that, generally speaking, the people in urban centers consume the most *refined* sugar, and that the people in the deep South consume the least. The parallel between the Army study and the sugar consumption study indicates that the Corps Areas from which the greatest number of dental rejectees spring are also the Areas that are high in the consumption of sugar. However, sugar *per se* may be only a part of the story. It may be that the people who have lower incomes and, therefore, are less addicted to the consumption of refined foods are also the people who live under less nervous tension, who have too little money to develop metropolitan phobias and neuroses, who are better off physically because they are worse off economically. This point of view is contrary to that usually expressed by social workers.

It is painful to make this observation that the Army study suggested, but it is a fact that the Army of the present shows a higher number of dental rejectees than the Army of 1917-18. It is true that in the present Army somewhat older groups are being included, the dental examination is probably more exacting, and a greater emphasis has been placed on the importance of dental health. But it is ironic that, in the past twenty years, which have shown so much development in the science and art of dentistry, records appear to indicate that the incidence of dental disease is higher than it was twenty years ago. The present class of selectees are depression's children that have suffered from malnutrition, curtailed public health and family budgets.

From this maze of data with all its implications and contradictions one can only make the deduction, and not a particularly profound one: namely, that dental disease is a complex and ramifying pathosis; that the answer to our problems, large or small, cuts across every phase of our complex national life; and that dentists do not operate in a vacuum. Neither can we forget the philosophic warning: Be not too sure of our "knowledge," because it may not be true but merely vague preconceptions.

Edward J. Ryan

Dear Oral Hygiene

Shortage of Dentists?

After reading your editorial in ORAL HYGIENE entitled "Today's Dental Paradox,"[1] and because the views expressed in this article differ so greatly from mine, gathered from a lifetime, 54 years, of work, study, practice, and observation, I respectfully submit the following:

You stress the great shortage of dentists. If everyone had his teeth fixed there might be a shortage, just as if everybody would build brick houses, there would be a shortage of brick masons. If there were a shortage there would be a demand for dentists at good salaries. If there is a job open, how many dentists take the examination? Only one can get the job. A dentist of good character and a former instructor in a Class A dental college told me less than a month ago that he was forced to give up his practice and is now working for other dentists, making about $25 per week.

There has been a lot of false propaganda in both dental publications and daily newspapers about the great shortage of dentists. What is the object of this propaganda? To keep the dental colleges filled? If there is a shortage of dentists, please let us know just where this shortage exists so a lot of us dentists who don't know where to go could move and make a living. I am looking for such a place myself.

I am not in favor of the status quo—I believe that radical changes are necessary in the dental profession. I could write a lot more but, suffice it to say, that twice I have heard a former President of the Chicago Dental Society say that if all the dental colleges in the United States were closed for ten years there would still be a surplus of dentists.—A. H. GRINDY, D.D.S., 4000 *West North Avenue, Chicago, Illinois.*

The Dental Paradox

"Today's Dental Paradox,"[1] in ORAL HYGIENE, does present a problem to all of us within the profession.

In the last two years I have had the good fortune to perform services in clinics in Michigan, Maine, and Canada. From this experience I have made two observations relative to depleted dental graduates: 1. Lack of appeal to eligible college material. 2. Comparative high cost of four years' training. It is hard to determine which observation comes first, but I am inclined to believe the cost probably is the determining factor.

Would it be possible or practical to persuade the government that dentistry is a health profession and not a mechanical "trade," with the idea of extending government loans and service deferment to eligible young men? It does seem that the continued high rate of rejections based on dental defects gives us a strong argument for aid.

We have the science and skill but lack

[1]Editorial, Today's Dental Paradox, ORAL HYGIENE 31:477 (April) 1941.

man power to produce. The Service recognizes the value of dental health. Officials will do something about it. What they do may be determined by our attitude or interest. Civilian dental health is important to national defense, so why not propose a plan that will supply the man power to care for the needs?—STANLEY C. BROWN, D.D.S., *Ithaca, Michigan.*

All Need Dental Service

I was particularly interested in your editorial in April ORAL HYGIENE,[1] wherein you state, "The people who have long suffered from lack of dental care in a population for which sufficient dentists are available, will feel their suffering more in a society where the number of available dentists is greatly reduced." Your statement on the decline of dental graduates is correct.

Please note that the soldiers and near-soldiers urgently in need of dental care were not, in the main, potential patients. What connection is there between the withdrawal of dentists to military life and the fact that most people, for economic reasons, apparently always suffer lack of dental care? Pertinently, you ask, "What is to be done?"

I don't know to what effort specifically you refer when you say that the American Dental Association is trying to do something regarding the lack of dental care for the population.

The withdrawal of millions of men from civilian life narrows the field of potential patients. It seems that those in the service will eventually have first class service. The civilians will still lack dental care.

Problems call for solutions. Surely there must be something for this enigma.

Personally, I believe the American Dental Association should persuade the State Boards to relax their conditions for licensure to practicing dentists. There are many dentists in the big cities who would leave for other parts —if there is a shortage yonder. Many dentists who lack licenses are unable to substitute for those leaving for the armed forces. Possibly, there are some busy men, because of the shortage. In this case there is no need to worry.

Recently in New York City more than 500 dentists competed for a full-time position with pay of $1200 per annum. There are still plenty of dentists on W. P. A. Even temporary licenses could be granted! It would be better to spread the supply. There are hundreds of dentists in the big cities, probably thousands, who are, to quote Doctor Clapp, "in bankruptcy by any form of bookkeeping." These would be glad to migrate in order to make a living.

We believe that you, by virtue of your advantageous position and ability, ought to take the initiative in suggesting something to start the ball rolling. Many of us here hope you will continue to touch upon this subject in your future editorials. What is to be done?—DANIEL ROSS, D.D.S., 5924 *Fourth Avenue, Brooklyn, New York.*

Pension Fund For Dentists

Much has been published in your columns in the last few months relative to an Old Age Pension for members of the dental profession, so please let me offer a solution as follows:

For many years the dental profession has been paying for dental protection against malpractice the sum of $16.00 or more yearly. The American Dental Association has a membership of approximately 50,000. If 25,000 of this number, or one-half of the membership in the American Dental Association would pay into this organization $10.00 apiece, they would have a fund of $250,000 as a capital on which to organize.

We could issue to each participant in this fund a policy backed by the American Dental Association offering him

immunization from dental malpractice, and have remaining in the fund over $150,000. We would not have to pay high-salaried executives; we would not have to employ men to solicit business; and we would not have to pay dividends on stock.

Ten dollars a year to be paid in continuously for protection by each member, and all capital over the original $250,000 shall be placed in a fund known as "An Old Age Pension Fund for Dentists."

Insurance statistics show that after a man has reached the age of 25 his expectancy is but 41 years; hence, 66 would be the average of dentists who would participate in this fund.

Let every dentist who is a member of the American Dental Association and has paid into this fund from its inception, and who has reached the age of 65, be granted a pension of $100.00 a month for the balance of his life. His expectancy, remember, would be but one year. To the widow of a dentist, upon reaching the age of 60 years, would be granted a pension of $50.00 a month, providing she has not remarried. In the event of her remarrying, the pension would cease.

By this plan you are not only getting your dental protection, but also creating your Old Age Pension fund that may, in times of adversity of some kind, either sickness, misplaced confidence, or business adversity, prove to be a source of security.

The young man starting out practicing in the profession will have a prospect of security in his old age. The older men in the profession will have the assurance that they will never be thrown upon the mercy of public relief.

This is a "Dentist for Dentistry" proposition. Let none of our members have to ask for relief from outside sources. I am positive this plan is practicable, and can be revamped to suit every condition.—HARRY HOUSE, D.D.S., 503 *A. C. Office Building, Arkansas City, Kansas.*

Dental Meeting Dates

National Dental Association, twenty-eighth annual meeting, Richmond, Virginia, August 11-15.

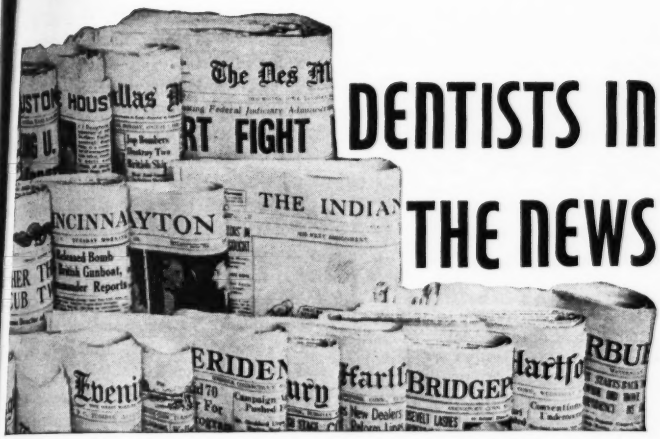
Montreal Dental Club, seventeenth annual fall clinic, Mount Royal Hotel, Montreal, September 24-26.

American Dental Association, eighty-third annual meeting, Rice Hotel, Houston, Texas, October 27-31.

American Dental Assistants' Association, seventeenth annual meeting, Texas State Hotel, Houston, October 27-31.

American Dental Hygienists' Association, eighteenth annual meeting, Lamar Hotel, Houston, October 27-31.

Odontological Society of Western Pennsylvania, annual meeting, William Penn Hotel, Pittsburgh, November 11-13.



DENTISTS IN THE NEWS

Brooklyn (*New York*) *Eagle*: Doctor C. Raymond Wells of Brooklyn and Queens, for the past ten years lieutenant commander in the Naval Reserve, has been named national dental director for Selective Service, and has already gone to Washington to begin his new duties. While "on loan" from the Navy, he will be in charge of 17,000 dentists who are serving local boards throughout the country. Doctor Wells, who is director of oral surgery at Queens General Hospital, will continue his private dental practice, serving at the same time as liaison officer between the Selective Service and the Army and the Dental Corps.

Seattle (*Washington*) *News*: To Benjamin J. West, a Seattle dentist, has come a moving letter from a friend of his college days in Saint Louis University, Doctor Robert N. LeCron, a London dentist, who has been "blitzed" out of his home and offices he had occupied since 1909. As a member of the "Lost Column" of Americans, 1500 of them, who have been trying unsuccessfully to return to this country, Doctor LeCron writes:

"Now that I am out of business, I would like to get back to the States, but that is impossible . . . You speak about next year. It will be lucky if there is such a thing, unless America is able to do a lot soon . . . This war cannot be won with politicians squabbling and bickering on their own behalf, and catering to big interests."

With Doctor LeCron's letter to West came a detailed account by another American of the ceaseless efforts of 1500 American business men and their families to get home from England. He pointed out that, although the British government had done everything possible to facilitate the exodus of the Americans, the stringent application by our government of the Neutrality Act has cut off passage by American ships. Unless the U. S. inaugurates a plane passenger service from England to Lisbon, or grants permission to these Americans to travel, at their own risk, on British or any neutral ships, there is no chance for the "Lost Column" to return home before the war is over.

Tucson (*Arizona*) *Star*: Because watering lawns became one of the major annoyances of his life, C. L. McKee, a dentist, decided to do something about it. In partnership with an attorney he has finally worked out a gadget that

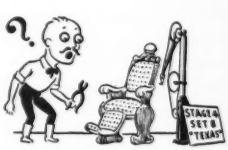
does away with forgetting to turn the water off and on. In reality it's an invention that automatically controls sprinkling systems, so the lawn can be watered by day or night. Called "the lazy man's water sprinkler," the working model looks a lot like a good-sized dumbell balanced on a water pipe. Doctor McKee and his associate have applied for a patent, and he has already perfected an experimental model of another invention, an attachment that can be put on the apparatus by which the lawn can be fertilized in the same automatic way as the sprinkling is accomplished.

Columbus (*Ohio*) *Dispatch*: Winston Churchill is "no good" as a dental patient. This was the opinion expressed by Doctor Charles E. Smith, of Delaware, formerly of Cannes, who fled France at the height of the blitzkrieg and, with his wife, reached the United States on the last trip of the liner *Manhattan*. One of the noted European specialists in the repairing of teeth and mouths damaged in accidents, Doctor Smith's patients have included most of the elite of Europe during the past forty years. Of Mr. Churchill, he says:

"He's a very self-reliant man, and a very strong character. He came to me for a minor gum infection, and to be frank, he wanted to tell me just how to cure it and operate. 'Give me that little hooked wire,' he said to me. 'I know just what this needs and what to do.' Mr. Churchill," Doctor Smith added, "is a very charming fellow, terribly interesting; but as a dental patient no good."

Doctor Smith is the president-elect of the Societe Francaise d'Orthopedie Dents Faciale and vice-president of the European Orthodontia Society, but he has no desire to return to France. Behind him he left his practice, dental equipment, his home and all his financial reserves in Paris banks. With his wife he is content now to raise fruit on a Delaware farm they bought in 1912, in the expectation of *one* war.

Los Angeles (*California*) *Examiner*: Edgar Buchanan, the Pasadena dentist who turned out to be a movie actor, is unwillingly furnishing most of the comedy on the "Texas" set. Cast in the role of a dentist in this picture, he



thought his former profession would make it a cinch. But when he showed up on the set he found all the dental equipment was of the 1876 variety. The drills and tweezers are so old-fashioned that Buchanan hardly knew how to handle them. In fact he was so awkward that the director had to hire an older dentist to coach him for the scenes, and the cast and crew will be laughing at him for a long time.

Dallas (*Texas*) *News*: Using original photomicrographs and other mate-

rial compiled in twenty years' research and smuggled out of Vienna two and a half years ago, Doctor B. Gottlieb, Vienna dentist, gave a lecture course recently before the Dallas County Dental Society. Later he accepted an invitation to serve for a year in the chair of dental research at the Baylor University College of Dentistry. Doctor Gottlieb goes to Dallas from the University of Michigan where he has been visiting professor for a year.

New York (New York) Times: Before 500 orthodontists, gathered in the Hotel Waldorf Astoria in New York, Doctor Frederick Noyes, dean emeritus of the University of Illinois College of Dentistry, was presented with the Albert H. Ketchum Memorial Award for 1941. Annually this award is given by the American Association of Orthodontists to a person who has made "a notable contribution to the science and art of orthodontics."

Award to readers for contributions of newsworthy stories about dentists go this month to:

Ira Seldin, D.D.S., 10 West Fordham Road, Bronx, New York.
Miss Ann Carmichael, 1576 Sixth Avenue, Los Angeles, California.
Richard T. Hansen, D.D.S., 1900 Whittier Boulevard, Montebello, California.
Miss Alice Kindall, 4106-41 S. W., Seattle, Washington.

CAN YOU USE A DOLLAR?

To every reader who contributes a newsworthy item, something unusual about a dentist, *which is published in this department*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to: Dentists in the News, Oral Hygiene, 708 Church Street, Evanston, Illinois.

Speaking as a Patient—

I dislike having my dentist tell me what's wrong with my teeth in complicated jargon that goes way over my head. Although the dissertation is supposed to be for my benefit, it's a waste of time. I'm not even impressed. Frankly, I'm bored by such a display of technical knowledge. I take it for granted he knows all the technical terms—but plain language is what I want.

Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply. Material of general interest will be published each month.

Missing Centrals

Q.—I am sending you a stone cast. You can see that two upper centrals are missing. Will you please advise me how to replace these missing teeth? The patient is 10; she lost these teeth in an automobile accident. The upper temporary is loose. The child's parents want permanent restorations placed.—W. N. H., Kansas.

A.—You had better convince the parents of this ten-year-old girl that it is inadvisable to attempt to replace these missing centrals in any other than a temporary manner at this age, or until all of the permanent teeth are in place and the pulps in the laterals have receded sufficiently to make them safe from too severe shock during cavity preparation for abutment inlays.

These centrals have apparently been out for some time and the space has already closed about one-third of what it should be to provide the replacement of normal-sized centrals.

The girl needs orthodontia to expand the arch to provide normal space for the centrals. After this space has been provided, a temporary bridge should be supplied by soldering facings to well-fitted orthodontia bands.—V. C. SMEDLEY.

Loosening Attachment

Q.—I have a patient, a man, who has an all-porcelain bridge on the upper right, from cuspid to central. This bridge was inserted five years ago by a dentist now dead. The cuspid attachment is loose and the patient wishes to have the bridge removed and recemented. Kindly advise me as how to proceed in loosening the central attachment.—B. H. S., Michigan.

A.—If the abutments on the cuspid and central incisor are all porcelain jacket crowns, you may be unable to loosen the incisor crown without damaging the bridge. The safest procedure would be to make a loop of strong twine between the lateral incisor pontic and the central incisor crown. If you have a plunger crown remover you can then hook it in the loop and throw the plunger sharply down. If you haven't such a crown remover you can place an instrument handle through loop and, while holding one end of the instrument, hit the other end sharply with a gold plugging mallet.—GEORGE R. WARNER.

Whistling with Dentures

Q.—I have a patient who whistles when speaking with her dentures in place. To what would you attribute this, and how can it be remedied?—M. B., New York.

A.—Whistling with new den-

tures is usually caused by the fact that the tongue has not yet accommodated itself to the new and somewhat different lingual contour that the dentures present. In most cases only time is necessary for the tongue to accommodate itself and for the whistling to cease.

However, where this has not proved to be the case, I have been able to bring about a correction of the difficulty by a system of testing various palatal contours shaped with tin foil and wax. Placing in the palate one of the ready-made rugae reproduction appliances is all that is necessary in some cases, but perhaps the surest and best way is to take the cast of a mouth of about the same size with all of the natural teeth present and, with tin foil or wax, transfer this exact contour to the palate of the denture, or as nearly so as is possible.—V. C. SMEDLEY.

Eruptions

Q.—I have a patient, an infant of five months, with the following case history: Born thirty-two days premature, weighing four pounds at birth. At the present time, patient is getting 25 mg. ascorbic acid, 5 drops of Drisdol daily, pablum, and strained vegetables. During the past week, the patient has developed several white eruptions on the gum midway between the crest of the ridge and the muco-buccal fold and each of the eruptions appears between the formation of the new teeth. These eruptions are about the size of a head of a pin, hard, glossy, and raised. The child does not seem to experience any pain upon palpation, and no pus seems to be present. The rest of the ridge seems normal in color and firmness of gum.

The pediatrician in charge of the case doesn't know what the eruptions are, and I am consulting you in the hope that you can throw some light on the subject. Perhaps you have had such a case before. Your reply will be greatly appreciated.—O. A. W., New York.

A.—The condition which you describe in the mouth of your young patient is not uncommon and is not necessarily pathologic. I don't find anything in Prinz and Greenbaum[1] concerning this condition but I have seen it and it has cleared up after the eruption of the teeth.

I have thought it due to the pressure of the erupting teeth; being an individual variation from the usual picture.—GEORGE R. WARNER.

Rampant Caries

Q.—I have three cases alike, the etiology of which I am deeply concerned about.

Case I—A young lady, 23, who gained 30 pounds in six months. Before gain in weight the approximate number of restorations in her teeth was about 25. Now five years later, she has ninety-four additional restorations, some replacements, made necessary by the white chalky spots indicating lack of cementing substance between enamel rods confined exclusively to the gingival one-third of the crown. These areas were not present five years ago. This is not a true erosion or abrasion.

The entire gingival third areas, mesiodistally and buccolingually, in all bicuspids and molars now carry restorations. The anterior teeth also have many restorations but the dissolving action is not so pronounced here.

The patient cooperates to the best of her ability in keeping all areas clean.

Case II—A young man now 24, who three years ago gained about 40 pounds in four months, presents the same condition. Previous to this time he had not required more than simple prophylaxis and there were no decalcified areas present. In the past three years I have placed exactly fifty restorations in his mouth, principally mesiodistally and in the gingival one-third buccolingually in the crowns of the posterior teeth. This patient also cooperates to the best of his ability.

Case III—This case is of particular interest, being that of good friend, a man,

[1]Prinz, H. and Greenbaum, S. S.: Diseases of the Mouth and Their Treatment, Philadelphia, Lea & Febiger, 1939.

23. Beginning at age 18 there were present the cavities commonly found, but no decalcified areas. Four or five inlays were made at that time.

At 19 there were three cavities and no decalcification. At 20 there were seven cavities with beginning decalcification of the gingival one-third of anterior teeth.

At 21 there were seven cavities, mostly occlusal, with no decalcification yet of posterior teeth.

Between 23-24, in four months, the patient gained 25 pounds with marked decalcification in posterior teeth as well as anterior, confined to gingival one-third of the anterior and posterior teeth both mesiodistally and buccolingually as well as the labial gingival one-third of lower anterior incisors.

I should like you to help me determine whether or not a rapid gain in weight, as indicated in these cases, could be an etiological factor and if so, why?

Is there anything else I can do for these unfortunate patients besides plugging holes as fast as they decalcify? In this last case I have placed twenty-four restorations in the mouth in two months, and although I extend my cavity preparation to so-called immune areas, within a short time new white spots appear around the edges of those restorations placed in the gingival one-third of the posterior teeth, and the dissolving action starts again. I find it difficult to keep pace with the cavities.—E. W. Mc., California.

A.—Your letter is of unusual interest because of the remarkable coincidence of three cases of rampant caries in people of about the same age who have had a startling increase in weight in a short period.

You doubtless have thought of the possibility of an endocrine gland involvement, being associated with or in causal relation to the rapid and uncontrollable caries.

I have had a few such cases in which a basal metabolism reading disclosed a marked hypothyroidism. It would be well to look into this matter.

Incorrect eating habits have been shown by the Michigan Group[2] and others to be in causal relation to a high incidence of dental decay. You have probably gone into this phase of the condition. However, this is not as likely a cause in your case as endocrine gland dyscrasia.

It would be interesting to me and perhaps helpful to you for me to see good full sets of intraoral roentgenograms of your cases. If you feel it is worth while to do this I should like to know about the results of thorough physical examinations of your patients, including blood chemistry. — GEORGE R. WARNER.

To Remove Compound

Q.—Will you please tell me how modeling compound may be removed from a vulcanite tray without warping the tray? —M. K., New York.

A.—To remove modeling compound without marring the trays, simply flow wax over the compound, heat the tray, and wipe wax and compound off together with a clean cloth.—V. C. SMEDLEY.

Sensitivity

Q.—I have a patient, 27, who is troubled with sensitivity on the lower anterior teeth. On visual examination there is no recession. Merely running an explorer on the gingival one-third of the teeth causes a reaction.

This patient has previously gone to another dentist and little has been done except to attempt to remedy the situation with cement gingival restorations. The condition has been in effect over a period of two years. Bite is average with no undue stress on lower anteriors. The mouth is apparently susceptible to caries, as patient has anterior bridge replacing upper centrals and laterals and has had considerable operative service.—M. M. B., Iowa.

[2]Jay, Philip; Hadley, Faith; Koehne, Martha; Bunting, R. W.: Observations on Relationship of Lacto-Bacillus Acidophilus to Dental Caries in Children During Experimental Feeding of Candy. J.A.D.A. 23:836 (May) 1936.

A.—Cervical sensitiveness in a circumscribed area of the mouth is often the result of tripping stresses as the teeth pass from centric to eccentric occlusion and back again. In the case of mandibular incisors it is well to round the labial edge or angle with garnet paper disks. If this doesn't help the condition one can treat the areas with zinc chloride or formalin. If the latter is used, an orangewood stick should be saturated and then cleansed, dried, and the protected area rubbed with the orangewood for about three minutes.—GEORGE R. WARNER.

Procaine Poisoning

Q.—I should appreciate it if you would give me some information on procaine poisoning.

I have been practicing for twenty-one years, and I am happy to say that I have never had anything happen to my hands so far. Now, however, I am experiencing a constant pain in the index finger of the left hand at the joint, something in the nature of a rheumatic pain. All other fingers are perfectly all right.

Of course, this finger being the one used for exerting pressure on the tissues before injecting, I suspect that it might be procaine poisoning. However, as I understand it, procaine poisoning is a form of dermatitis, which is not present in my case. The finger appears absolutely normal; there is no swelling, no redness, but the joint is sore to touch and pains when I bend the finger.

I have been getting some relief by using a piece of cotton with grain alcohol over which I placed a rubber cot. My physician says that he does not know what the trouble might be.—J. T. LeB., Maine.

A.—Procaine poisoning is the result of having had procaine injected into the tissues. You are, therefore, not suffering from procaine poisoning.

Procaine dermatitis results from a person's becoming sensitized to procaine and is characterized by peeling of the skin on the fingers at first and usually around the fingernails. So, as you suggest, you have not procaine dermatitis.

It seems to me that you may have an occupational rheumatoid arthritis in the affected finger. You may be traumatizing this joint in some one or more things that you do with this hand. And, having injured or strained this joint, it has become a locus minoris resistentiae and subject to the phenomenon of anachoresis.[3]

It would, therefore, be wise for you to relieve this finger from all strains. You can palpate for the mandibular injections with the second finger. Then you should try to eliminate all possible sources of infection in your own body. By these two measures you may overcome the present inflammatory condition in this finger and avert possibly a more serious affection or infection.—GEORGE R. WARNER.

Antral Irrigation

Q.—Can you tell me the best antiseptic to use for irrigating the antrum of Highmore? I have a patient for whom I have been using a 1:1000 solution of potassium permanganate, but it doesn't seem to clear up completely. As soon as I stop irrigating for about a week there is pain and pus is again exuding through the tooth socket. I keep this packed with iodoform gauze and change it every other day and irrigate at the same time.

Is there any other method of treatment to be instituted without resorting to the window operation through the nasal wall?—L. M. L., Nebraska.

A.—Irrigation of an antrum through an oval-antral fistula is hopeless as a curative measure.

The best plan is to enlist the aid of an otolaryngologist who will ir-

---

[3]Csernyei, Julius, M. D. (Milan, Italy): Anacoric Effect of Chronic Periapical Inflammations J. Den. Res. 18:524 (December) 1939.

rigate through the nose. You can then close the oral opening, and the nose washings will probably clear up the infection.

Nothing stronger than a normal salt solution is advisable for antral irrigation.—George R. Warner.

To Prevent Infection

Q.—After using general anesthetics in the hospital in our operative cases, we have had some oral manifestations of conditions similar to trench mouth. There is no break in the sterilization of masks in the operating and surgical routine. Smears show the presence of Vincent's organisms. We have not in our hospital routine carried through laboratory tests for mouth conditions before operations.

Will you please suggest a routine of oral hygiene after operative cases where ether, nitrous oxide, and oxygen, or cyclopropane have been used for general surgery in hospital cases?—F. C. H., Arizona.

A.—I would say that the wise thing to do to obviate a Vincent's infection of the mouth following a general anesthetic for surgery would be a preventative measure. It is generally held that a clean mouth is the least likely to break down with an ulceromembranous gingivitis particularly, or with any type of inflammatory condition. So it would seem wise to institute a routine of a thorough cleansing of the mouths of those who are soon to go on the operating table. This will undoubtedly reduce the incidence of postoperative mouth infections, and should any occur, appropriate treatment for the condition, whatever it may be, can be instituted.—George R. Warner.

Purifying Amalgams

Q.—Would you please describe in detail in ORAL HYGIENE the technique of using hydrochloric acid in mixing amalgam for dies?—J. V. T., New York.

A.—Removing oxides from amalgam powder by washing in hydrochloric acid before adding mercury makes it amalgamate more promptly and thoroughly.

One of the manufacturers of amalgam advises me that the use of hydrochloric acid on amalgam is inadvisable, because he says it not only removes oxides but removes part of the essential ingredients of the amalgam.—V. C. Smedley.

Sense of Taste Lost

Q.—I have a patient who complains of loss of appetite and a complete loss of taste. His explanation of the condition is that it occurred four weeks after I made him a full upper acrylic denture; the palatal area being left colorless.

He can only eat a good meal and regain his sense of taste by removing his upper denture; otherwise he must force himself to eat a small portion of food at each meal. He has lost fourteen pounds in four weeks and has decided to remove his denture at meal times; thereby regaining his appetite and enjoying a sense of taste.

He is a man of 45, in good health, and a calm, reserved person, who lives hygienically.

I should appreciate any information you might be able to furnish regarding the possible cause of this condition, with some possible remedy.—L. B. F., Pennsylvania.

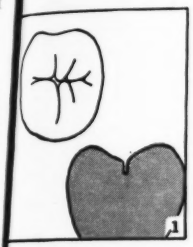
A.—The phenomenon of your patient's inability to taste, with his full upper denture in his mouth, is hard to explain as our physiology teaches us that the taste bud nerve endings are located on the tongue and not on the palate. But I have had patients who thought they could not taste properly with their palates covered and who were happy and satisfied after I had fitted them with roofless dentures. You might try a roofless denture for this man.—V. C. Smedley.

TECHNIQUE OF THE MONTH

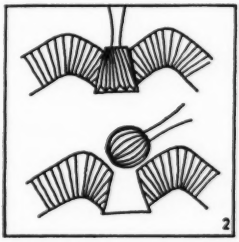
Conducted by W. EARLE CRAIG, D.D.S.

Therapeutic and Prophylactic Odontotomy

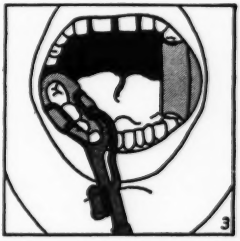
by Walter S. Weisz, B.S., D.D.S.



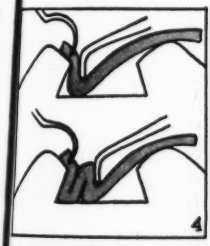
re-carious pits and fissures n occlusal surfaces.



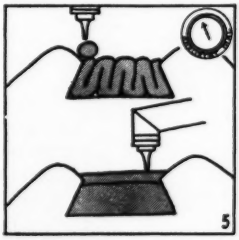
With 33½ bur follow pits and fissures. If necessary follow through in depth with small round bur. With large No. 6 round bur smooth cavo-surface angle—blades of bur perpendicular to axial walls. Do not make a definite bevel.



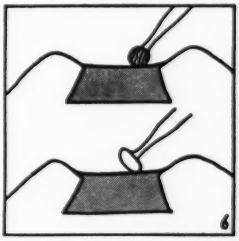
Keep tooth dry with saliva ejector type of cotton roll holder (for lowers) or rubber dam clamp holding cotton rolls (for uppers.) Place bite block in position.



Cut Special O cohesive gold rope in ½" lengths. With holding instrument hold gold rope in place as it is condensed by hand pressure with No. 9 gold plugger against axial walls. Fold first at the pulpal then occlusal, and as each fold is made, advance the holding instrument. Continue until the cavity is filled.



Using No. 1 round plugger in Hollenbach pneumatic condenser, with locking device set at the lowest possible point and the rheostat pointer at 11 o'clock, condense a No. ½ gold cylinder. After gold is condensed and all margins covered, use No. 4 plugger point and, with the locking device set at the next widest opening, condense en masse.



Finish and polish the filling with small finishing bur, followed by a small round burnisher on the handpiece.

Amalgam may be substituted for gold. Use the largest possible amalgam point. (Available points may be cut down or reshaped if necessary.) Insert amalgam in drier state than for hand pressure.

Laffodontia

The two men hadn't met for about fifteen years.

"And is your wife as pretty as she used to be?" asked the first.

"Oh, yes," replied the second, "but it takes her much longer."

★

The doctor was visiting Rastus' wife to deliver her twelfth offspring. Riding along with Rastus, he saw a duck in the road. The doctor asked:

"Whose duck is that?"

"'At ain't no duck, doctuh," said Rastus, "'At's a stork wid his legs wore off."

★

Mrs. Gossip: "So your daughter is about to marry. Do you really feel she is ready for the battle of life?"

Mrs. Chatter: "She should be. She's been in four engagements already."

★

Wifey: "That's a funny looking hair on your coat."

Hubby: "Now don't get excited. That's a horse hair."

Wifey: "I know; that's what's funny."

★

Kindly Clergyman (pinching little boy's knee): "And who has nice, chubby pink legs?"

Little Boy: "Mamma."

★

"Say how did you make out in that pie-eating contest?"

"Oh, Bert came in first and I came in sickened."

He: "Honey, I heard you were in a jam so I came over. I'm always on the spot when a feller needs a friend."

She: "Well, meet my girl chum. This is a case of where a friend needs a feller."

★

Wife: "So your client was acquitted of murder? On what ground?"

Lawyer: "Insanity. We proved his father had spent five years in an asylum."

Wife: "But he didn't, did he?"

Lawyer: "Yes. He was a doctor there but we had no time to bring that fact out."

★

She: "So you met your wife at a night club? My, that must have been romantic."

He: "Huh! It was disastrous. She thought I was working at the office."

★

"I'd be a rich man today if it weren't for liquor."

"Oh, so you drink too much?"

"No, I sell lemonade."

★

First Steno: "Why, dearie, the boys run after my kisses."

Second Steno: "So what? After mine they limp."

★

Judith: "I think Salome's dance before Herod lacked originality."

Harold: "Why?"

Judith: "It was just a take-off from start to finish."

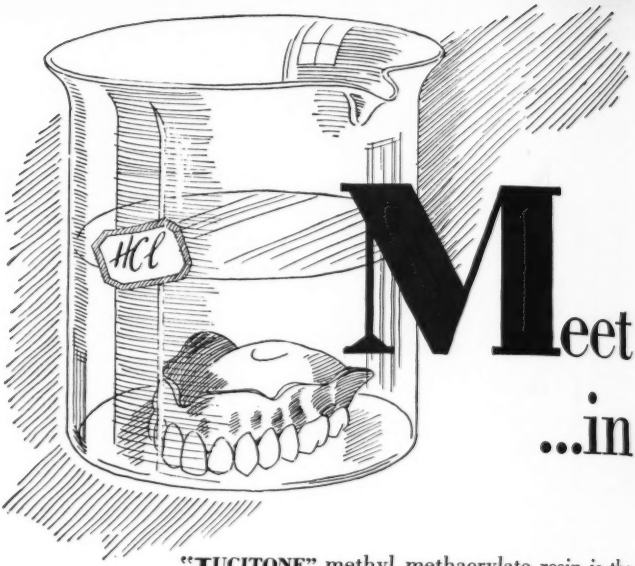
NEY ORTHODONTIC ALLOYS — PHYSICAL PROPERTIES

THE J. M. NEY COMPANY — HARTFORD, CONNECTICUT, U.S.A.

Non-Oxidizing
High-Fusing
Economy Price

	Alloy	Uses	Fusion Temp. °F	Proportional Limit lbs./sq. in.	Ultimate Tensile Strength lbs./sq. in.	Brinell Hardness No.	% Elongation	Price per Dwt.
WIRE	NEYDIUM #9*	All types of arches and springs; "self-hardening."	1975	S. 115,000 H. 134,500	S. 148,000 H. 167,000	S. 225 H. 260	S. 9 H. 8	$3.25
WIRE	NEY-ORO ELASTIC #4*	All types of arches and springs; very resilient.	1925	S. 86,500 H. 131,500	S. 117,500 H. 173,000	S. 190 H. 270	S. 15 H. 7	3.10
WIRE	NEY-ORO ELASTIC #12	All types of arches and springs; unusually resistant to injury in soldering.	2010	S. 88,000 H. 135,000	S. 125,000 H. 178,000	S. 175 H. 275	S. 20 H. 15	2.25
WIRE	NEY-ORO GOLD COLOR ELASTIC	Arches and heavier springs where gold color is desired. Use solder for 20K or lower fusing.	1675	S. 73,000 H. 135,000	S. 120,000 H. 165,000	S. 200 H. 290	S. 14 H. 1	2.25
WIRE	PALINEY #7	All types of arches and springs; high fusing; tough; very springy even in finest gauges.	1985	S. 89,000 H. 148,000	S. 120,000 H. 180,000	S. 180 H. 280	S. 24 H. 9	1.75
WIRE	PALINEY #6	All types of arches and springs; inexpensive; high fusing; very tough; medium springy.	1970	S. 63,500 H. 127,000	S. 110,000 H. 170,000	S. 150 H. 270	S. 24 H. 15	1.25
BAND MATERIALS	NEY-ORO MEDIUM HARD	Especially for anterior bands.	1825	27,000	58,000	100	20	2.40
BAND MATERIALS	NEY-ORO HARD	Especially for molar bands; also suitable for anteriors. Slightly hardened by heat treatment.	1875	S. 40,000 H. 50,000	S. 81,000 H. 86,500	S. 135 H. 150	S. 23 H. 19	2.10
BAND MATERIALS	NEY-ORO EXTRA HARD	Anchor bands subject to very high stress. Greatly hardened by heat treatment.	1925	S. 85,000 H. 130,000	S. 115,000 H. 170,000	S. 190 H. 270	S. 15 H. 7	2.25
BAND MATERIALS	PALINEY MEDIUM HARD	Especially for anterior bands; very high fusing; non-oxidizing.	2500	24,000	60,000	95	23	1.75
BAND MATERIALS	PALINEY HARD	Molar and anterior bands; very high fusing; non-oxidizing.	2325	46,000	85,000	130	27	1.75
	NEY-ORO TUBE STOCK	All sizes and shapes of seamless tubes and tubing.	1910	30,000	63,000	105	20	

*Guaranteed to comply with A.D.A. Spec. No. 7 for Dental Wrought Gold Wire Alloys. Figures preceded by "S" indicate "softened" condition, by "H" indicate "hardened" condition.



Meet "th...in pe

"LUCITONE" methyl methacrylate resin is the denture material which has passed the "acid test." And we mean that literally.

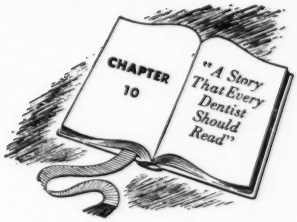
For this plastic's ability to resist chemical conditions of the mouth is insured by tests under similar—but more powerful—conditions than mouth acids.

Such tests tell you plenty. They show that "Lucitone" color won't leach. That continued use won't pit its clean, hard surface. That its shape won't warp or change. That its lifelike beauty is there for keeps. That it will remain non-absorptive.

The "acid test" typifies the scientific care

exercise
such tes
of "Luc
recogni
the hig
facturin
uses. Y
"Lucito

Natu
costly.
they co
tell yo
dentur
& Co.



"the acid test" person!

exercised in making "Lucitone." Dozens of such tests and controls police the manufacture of "Lucitone" every step of the way. Du Pont, recognized leader in the plastics field, has set the highest chemical standards in the manufacturing of plastics for general commercial uses. Yet because it is made for oral use, "Lucitone" receives *extra* care in its making.

Naturally these careful methods are more costly. Yet they are well worth the *little* more they cost you . . . as your peace of mind will tell you when you have fitted a "Lucitone" denture for a patient. E. I. du Pont de Nemours & Co. (Inc.), Plastics Dept., Arlington, N. J.

"Lucitone" denture material is the only methyl methacrylate resin denture material made by Du Pont. "Lucitone" is distributed solely by The L. D. Caulk Company, Milford, Delaware.

NOVOCAIN with COBEFRIN

Over 100 million injections

NO NERVES on a Test Flight...

but all nerves at his dentist's!

Appointments "go smoothly" when DENTAL DREAD IS DISPELLED BY PREVENTING PAIN

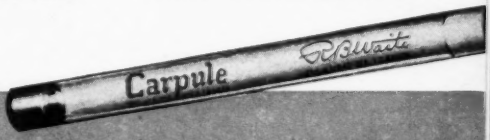
DENTAL patients who *fear* pain have *felt* it. To these people, every additional painful operation awakens further dread—provides new cause to postpone the next appointment. So isn't it sensible, from your point of view to control pain more often?

Rely on dependable Cook and Waite anesthetic solutions to aid in eliminating the "fear factor". By having at hand both Novocain with Cobefrin and Novocain-Pontocaine-Cobefrin, you are ready to cope with dental pain in any degree—with satisfying assurance of wide tolerance and a corresponding freedom from undesirable side-effects.

Remember to specify both these valuable aids on your next order.

ARE you using Waite's Topical Paste, that handy, almost essential pre-operative and post-operative aid? If not you will find that it is a topical anesthetic that "really works". It contains PONTOCAINE!

COOK LABORATORIES, INC.
THE ANTIDOLOR MFG. CO., INC.
170 Varick Street New York, N. Y.
Laboratories: Rensselaer & Springville, N.Y.



NOVOCAIN-PONTOCAINE-COBEFRIN

made with solutions containing Cobefrin

NOVOCAIN, PONTOCAINE, COBEFRIN: Reg. Trademarks

PATIENTS look to you for advice on the choice of a dentifrice. They want a specific recommendation.

Help them decide by recommending Kolynos*, a Council Accepted Dentifrice that may be used according to your specific instructions on the dry brush technique.

Because Kolynos is a concentrated dental cream (no added water in the formula) only ½ inch on a dry brush is needed to help clean the teeth.

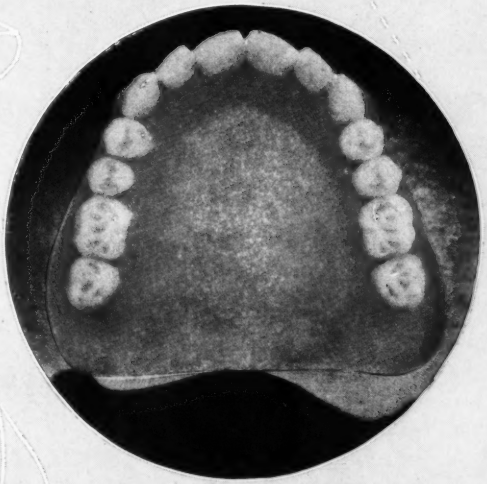
Send for professional samples today.

*Reg. U. S. Pat. Off.

THE KOLYNOS COMPANY • NEW HAVEN, CONNECTICUT

THE COLOR MATCHES TISSUE

VERNONITE'S **true tissue-tone matches tissue because it *partakes* of the color of tissue. Dentists tell us that when a VERNONITE restoration is in the mouth and moist, the lifelike trueness of the material is seen at its best. *This* methacrylic is translucent; only enough color pigment is present to break up transparency and hide the necks of the teeth. For the rest, *the tissue confers its own color to the denture.* The actual tissue color becomes a part of it. As for the delicate pink which is in VERNONITE —it does not change, fade or darken whether in the mouth or out, with time, or with any number of processings.**



Vernonite is the trade-mark, Reg. U. S. Pat. Off., for an acrylic resin denture material manufactured by the Rohm & Haas Co., Philadelphia, Penna., under U. S. Patent numbers 1,980,483 — 2,013,295 — 2,120,006, and distributed by Vernon-Benshoff Co., Pittsburgh, Penna.

VERNON-BENSHOFF COMPANY

P. O. Box 1587, 933 Ridge Ave., Pittsburgh, Penna.

Doctor, w ar

"21 Cr

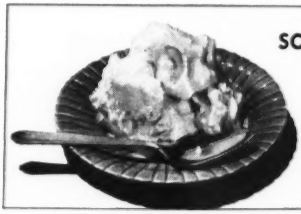
DOCTOR A. What do you mean, "21 Cr Days"?

DOCTOR W. I mean those critical first th weeks while a new denture is sea itself.

DOCTOR A. Why do you call them "C cial"? Isn't that a little strong?

DOCTOR W. By no means. During th first three weeks your patient's attitu toward the denture, and toward you formed. They're "crucial" days for yo patient because if he becomes discoura at the beginning he may never perseve to eventual denture mastery. And they crucial for you as a prosthodontist-b cause your patient usually measures yo work by how *quickly* he can eat and ta with comfort.

DOCTOR A. Well, doctor, what do *you* su gest?



SO WHITE, SO PURE...
you eat it in Ice Cr

The gum from which Dr. W Powder is made is the finest a expensive, the same grade us binder in best ice creams! Ab safe and digestible. That Wernet's is 26.1% WHITE average of leading competitor

DR. WERNET'S POWDER

tor, what are you doing about the Social Days?"

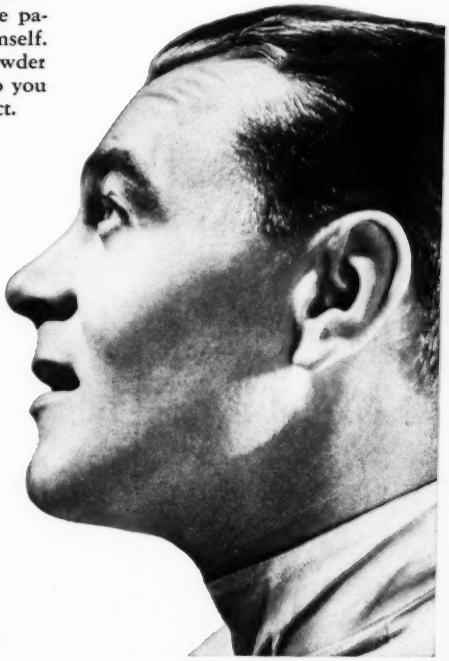
DOCTOR W. I recommend Dr. Wernet's Powder to all new denture cases. Besides giving them comfort and confidence in their ability to wear the denture, it promotes more rapid healing of the gums.

DOCTOR A. How does it work?

DOCTOR W. Dr. Wernet's Powder forms a thin stabilizing comfort cushion that minimizes the irritation of tender gums. It helps stabilize the denture until the patient has learned to manage it for himself. And, incidentally, Dr. Wernet's Powder is never advertised to the public—so you are prescribing a fine, ethical product.

For over 30 years, Dr. Wernet's Powder has been recognized professionally as a product that can be conscientiously and successfully prescribed.

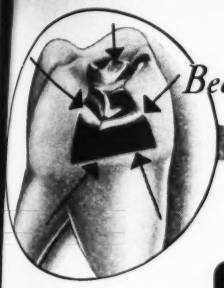
FOR YOUR FREE SUPPLY mail your card or letterhead to Wernet Dental Mfg. Co., Department E, 190 Baldwin Ave., Jersey City, N. J.



No burning ... Now you can take really accurate impressions without fear of burning a patient's mouth. With the new Perfectocoll Heat-Meter unit you don't guess at the temperature—but get an accurate reading before the material is placed in the patient's mouth.

The new larger units of the improved Perfectocoll are easier for you to handle too. Merely immerse it in boiling water for seven minutes—knead it in its own latex container —check the temperature with the Baker "Heat-Meter" and excrude into tray for the impression. You'll find it the most rubbery yet the strongest colloidal impression material you've ever used.

BAKER & CO., INC. • 113 ASTOR STREET • NEWARK, N. J.



Because here's where decay recurs...

GOLD FOIL

outlasts an Amalgam!

WHILE Gold Foil, as explained in the preceding discussion, is capable of forming a *perfect* seal with the dentin of a tooth, and of maintaining that seal *unimpaired*, Amalgam, as decades of experience have shown, is markedly deficient in both.

▸ Amalgam, in the words of G. V. Black, "is too soft and yielding to sustain any considerable degree of the elasticity of dentin. No matter with what force it is condensed against the walls of the cavity, it will yield, be pushed aside; and thus the additional sustaining power — the grip of the dentin on the filling, which is the prominent feature of Gold Foil — is lost to Amalgam even with the best possible manipulation."

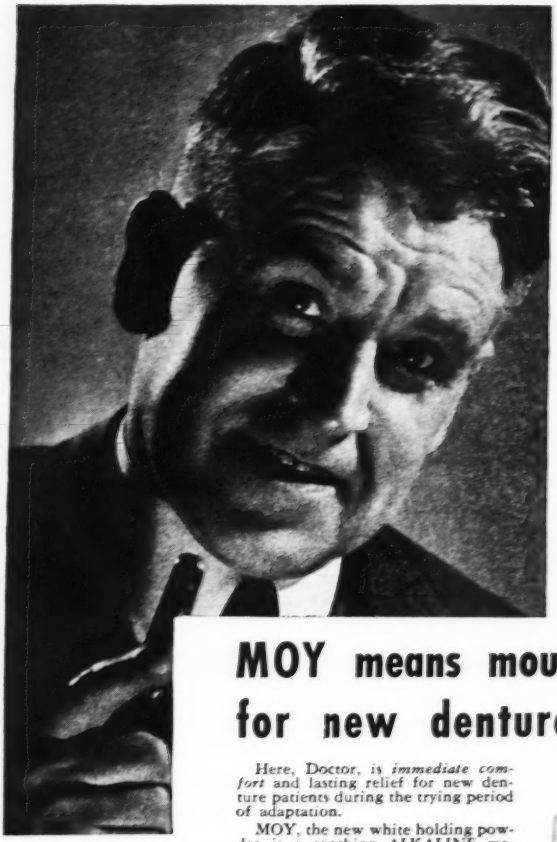
Secondly, even that adaptation, *imperfect as it is*, cannot long remain unaltered. With the coefficient of expansion of Amalgam averaging 25, as against only 11.4 for the crown of a tooth, the wide disparity in their mutual action every time thermal expansion and contraction take place, has an adverse effect on their adaptation. The cumulative result of such an adverse effect continually recurring, thus tends to *undo* the original adaptation and *hasten the failure* of the restoration.

▸ It was this vital, inherent weakness, more than any other of its known shortcomings, that led G. V. Black to conclude, "This in itself must ever confine Amalgam to an inferior place as a filling material."

Have you missed any *previous* discussion in this series? We should be glad to send you reprints of all of them. Simply mail your card, or letterhead, with the lower portion of this page.

MORGAN, HASTINGS & CO., 817-21 Filbert Street, Philadelphia, Pa. —World's Oldest and Largest Manufacturers of Filling Golds exclusively. Established 1820.

GOLD FOIL lasts longest because it seals the cavity best!



12 REASONS for RECOMMENDING MOY

- Acts as a protecting cushion
- Helps to adapt mouth tissue
- Eases sore spots
- Guards against acid mouth and offensive breath
- Makes proper mastication possible
- Holds TIGHT—avoids embarrassment
- Stops whistling, hissing or clicking of plates
- Will not ooze out, take or leave a gummy residue
- Lasts 4 to 12 hours longer
- U. S. P. Peppermint flavored to help reduce gagging and nausea
- White and alkaline

Three convenient sizes
Large—4½ oz.
Medium—2 oz.
Small—½ pt.

MOY means mouth comfort for new denture patients

Here, Doctor, is *immediate comfort* and lasting relief for new denture patients during the trying period of adaptation.

MOY, the new white holding powder is a soothing ALKALINE medium that guards against acid mouth and its attendant discomforts. MOY gives an immediate lasting suction that holds dentures in place tighter, four to twelve hours longer.

Recommend it, Doctor, to your new denture patients. They'll find it a blessing during the "breaking-in" period.

CLIP OFF AND MAIL THIS COUPON FOR FREE PROFESSIONAL SAMPLES

THE J. BIRD MOYER CO., INC. Dept. O.H.-7
1210 Vine Street, Philadelphia, Pa.

Please send free professional samples of MOY, the new white alkaline holding powder to:

Dr. .....

Address .....

.....

Just Between Us

HERE is a group of products worthy of a place in any dental practice. Some are for use in office practice, others are intended for home use by your patients —under your supervision.

The name Squibb on each of these products is your assurance of their quality, their uniformity, their dependability. This means that these products can render you and your patients most satisfactory service whenever they are needed. Just scan the list today and give them a place in your practice.

SQUIBB ORAL PERBORATE—Essentially sodium perborate but free-flowing and pleasantly flavored. May be used on the toothbrush or in solution as a mouth wash, when indicated.

SQUIBB ANTISEPTIC SOLUTION—An effective and useful agent in oral hygiene. May be used as a gargle or spray in helping to relieve mouth and throat irritations.

SQUIBB DENTAL LOTION—A mildly astringent, refreshing anise-flavored mouth wash for routine use.

SQUIBB ANGLE TOOTHBRUSH—The small brush head, mounted on a slim metal shank, bent at an angle like your mouth mirror is designed to make it easier to reach less accessible areas of the teeth. Adaptable to all brushing techniques.

SQUIBB DENTAL CREAM—A safe, refreshing dentifrice made from Squibb Milk of Magnesia. Designed for the home care of the teeth and free from harmful ingredients. Its cool minty taste makes enjoyable the daily routine of brushing the teeth.

SQUIBB TOOTH POWDER—As safe, effective and pleasant to use as Squibb Dental Cream. Its milk, minty taste is liked by children. It contains magnesium hydrate—a reliable antacid.

For literature on Squibb Products for the Dentist, write Dental Division, 745 Fifth Ave., New York, N.Y.

E·R·SQUIBB & SONS, NEW YORK

MANUFACTURING CHEMISTS TO THE MEDICAL AND DENTAL PROFESSIONS SINCE 1858

sparkling Cool Comfort

THIS IS Style 504, tailored-to-measure in cool crisp Sharkskin, priced at $17.25 for 3 garments; in Poplin at 3 for $11.10. You may choose full, three-quarter or half-length sleeves; also removable buttons or rust-proof, launder-proof snap fasteners.

Send for free illustrated Style Book O.D. showing the complete range . . . 46 tailored-to-measure models and 14 ready-to-wear styles . . . in a wide selection of materials and priced from $2.20 up.

STYLE 205 shown here is one of 7 models available in Sharkskin. It is beautifully fashioned and priced at only $3.95. Also made of crisp long-wearing Poplin at $2.95.

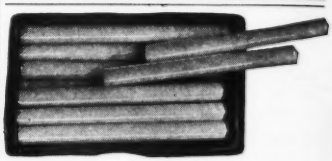
Send for Manhattan Style Guide O.N. and samples. See the 32 exclusive models . . . all style-designed for comfort, convenience, good looks through long wear, and easy laundering care. Prices range from $1.95 up.

MANHATTAN MFG. CO., CHICAGO
509 So. Wabash Ave.

THOUSANDS OF DENTISTS use and prescribe STIM-U-DENTS as a prophylactic measure and as an invaluable aid in correcting unhealthy mouth conditions. Made of a soft tropical wood; do not sliver. STIM-U-DENTS remove food particles, clean and polish contacted tooth surfaces and stimulate the gum tissue. STIM-U-DENTS awaken TOOTH CONSCIOUSNESS and encourage an active Dentist-patient relationship.

FREE SAMPLES
STIM-U-DENTS, Inc.
Mail professional card marked "Samples" to
54 Alfred Street
Detroit, Michigan

STIM-U-DENTS



AcraWAX

THE *COLORLESS* WAX

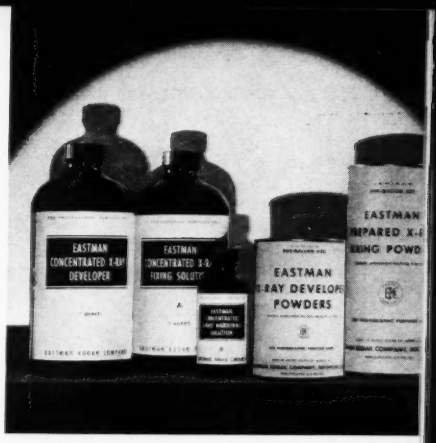
For Perfect Shade Results in Your Acrylic Jackets, Inlays and Bridges

*Acra*Wax, the new colorless inlay wax, is prepared especially for processing acrylic jackets, inlays and bridges. It is entirely free from color, thus can not contaminate your shades with color pigment. Regardless of what technique or acrylic materials you use, *Acra*Wax will improve your results. Packaged 12 sticks to the box. Price 50c per box. Also available in standard size sheets. Price $1.75 per pound. Order a supply of Yates *Acra*Wax today. It will simplify your shade problem.

J. YATES DENTAL MFG. CO.
340 W. Huron St., Chicago, Ill.

2 Types of EASTMAN PROCESSING CHEMICALS

• Concentrated Liquids
• Prepared Powders



No matter how you prefer to make your x-ray processing solutions—from concentrated liquids or from powders—Eastman can provide you with chemicals that meet highest standards.

Concentrated x-ray developer and concentrated x-ray fixer are supplied in bottles, each containing sufficient liquid to make 1 gallon of solution by the addition of water. X-ray developer and x-ray fixer in powder form are supplied in containers, each holding a quantity sufficient to make 1 gallon of solution when dissolved in water.

Both the liquids and the powders are prepared with laboratory care, from Kodak Tested Chemicals... both provide stable solutions. A standing order with your dental dealer will assure regular deliveries... remind you to replace your processing chemicals at the most advantageous time.

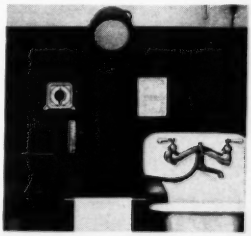
EASTMAN KODAK COMPANY
Medical Division **Rochester, N. Y.**

Also... A Complete Line of FILMS

PERIAPICAL (four types)—R-P (Rapid-Processing), Radia-Tized, C (Regular-Slow), CC (Extra-Fast); 1- and 2-film packets. **BITE-WING**—1-film packets; four sizes. **OCCLUSAL** (two types)—Super Speed, Regular-Slow; 2-film packets. **EXTRA-ORAL** (two types)—Blue Brand Ultra-Speed, No-Screen; 8″ x 10″ and 5″ x 7″.

And... A Complete Line of ACCESSORIES

Film dispenser, film receptacle. Intra-oral cassette, intensifying screens, exposure holders. Processing room paints and complete equipment—safelight lamps, safelights, tanks, hangers, timers, thermometers, engraved graduates, ventilator, and other specially designed items. Mounts for *Bite-Wing* and periapical radiographs, illuminator.



EASTMAN X-RAY MATERIALS

A complete line of **Films • Chemicals • Accessories**

GUIDEPOST

TO BETTER DENTISTRY

★ ★ ★ ★

WILLIAMS "6" ALL-PURPOSE CASTING GOLD

DENTINOL LIQUID

is specifically designed to destroy the mixed micro organisms, always present in pyorrhea and other oral infections without injury to the oral tissue. The combination of ingredients used in producing DENTINOL makes it the ideal germicidal and healing agent for dental purposes. The attractive introductory package as shown in the cut is sold on a money back guarantee obtainable at your dental depot.

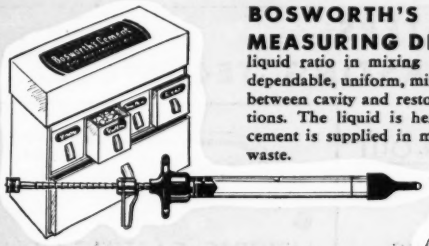
CONTENTS

One NATIONAL DENTAL SYRINGE With One Platinum Needle (Flat Tip)	$2.50
One 2 oz. Bottle DENTINOL (LIQUID)	1.00
One 6 c.c. Bottle DENTINOL—FREE TRIAL	

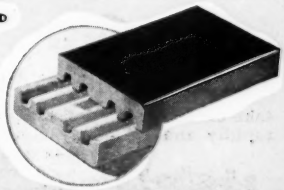
Special Introductory Price $3.50

Accept no substitutes for PYROZIDE TOOTH POWDER and DENTINOL LIQUID manufactured by the National Dental Company for 40 years.

WEB DISTRIBUTING CO., 259 SOUTH ST., NEWARK, N. J.



BOSWORTH'S CEMENT AND LIQUID MEASURING DEVICE provides a *definite* powder-liquid ratio in mixing cement. Accurate control produces dependable, uniform, mixes, assures a permanent cement joint between cavity and restoration, lengthens the life of restorations. The liquid is hermetically sealed in cartridges, the cement is supplied in measured capsules. Saves time. Saves waste.



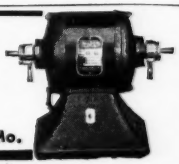
THE KILE MIXING SLAB is an "air-conditioned" slab which eliminates all fuss and guesswork. Its mixing surface is always below room temperature, but never reaches dew point. Makes mixing definitely accurate, simple and easy

HARRY J. BOSWORTH CO. 1315 SO. MICHIGAN AVE., CHICAGO

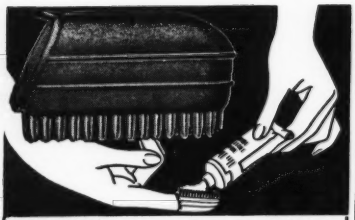
BALDOR DENTAL LATHES

Complete line—1 and 2 speeds. At right: ¼ h.p. One Speed. Ball-bearing, heavy-duty motor. 1 YEAR GUARANTEE. Price, without chucks $25.00

ASK FOR BULLETIN 76



BALDOR ELECTRIC CO., 4372 Duncan Ave., St. Louis, Mo.



GUM MASSAGER

The **HY-KARE Gum Massager** is an invaluable aid in promoting firm gums and sound teeth. Ideally suited for home care of the gums after thorough prophylaxis. Stimulates circulation of the vascular tissues without irritation.

Made of pure surgical rubber. Sanitary, easy to clean. Fits finger snugly.

For use with any dentifrice or special lubricant you prescribe. Order direct, or through your supply house.

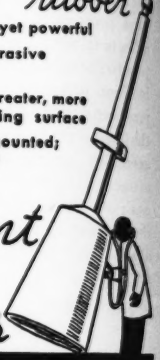
8 for $1.00 — Sample 15c — 44 for $5.00

In the first few months of its introduction in the Chicago area, Hy-Kare Gum Massager received the endorsement of more than 2,000 dentists.

HY-KARE LABORATORIES
405 S. Dearborn St., Chicago

Made of flexible
LONG-LIFE *rubber*

- **Smooth, *gentle*, yet powerful**
- **Webs retain abrasive while in use**
- **Webs provide greater, more efficient polishing surface**
- **Permanently mounted; will not slip off**



Crescent
WEBBED
Polishers

CRESCENT DENTAL MFG. CO.
1839 S. Crawford Ave., CHICAGO

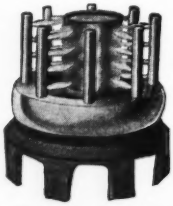
IMPORTANT STEPS in CASTING TECHNIC...

INVESTMENT BURN-OUT

TORIT

WAX ELIMINATORS

take care of this important step by rapidly and efficiently eliminating wax and moisture from investments. The evenly-distributed heat around the investment ring assures a mould free from warpage and contortion.



Ask for Catalog No. 13, showing TORIT Wax Eliminators, Blowpipes and over 100 other items that will interest you.

MELTING CASTING METAL

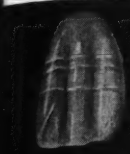
TORIT

BLOWPIPES

are available for manufactured city gas, natural gas, acetylene (Prest-O-Lite), tanked petroleum gas or oxygen and hydrogen—do their part by producing clean, hot, concentrated flames that thousands find ideal for melting casting metal.

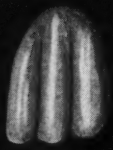
TORIT MANUFACTURING CO.
279 Walnut St. St. Paul, Minn.

ARIED LABIAL SURFACES



HORIZONTAL LINES FOLLOW UNDULATIONS OF THE SURFACE CONTOURS

MOST INCISORS HAVE TWO VERTICAL LINES



THESE LINES WERE ERRONEOUSLY REGARDED AS JUNCTIONS OF "DEVELOPMENTAL LOBES"

THESE LINES VARY IN LENGTH AND POSITION

Another factor contributing to the Personality of the Tooth . .

SURFACE MARKINGS

Some of these markings consist of lines, depressions and flat areas.

The lines, which may be horizontal or vertical, are made by grooves or ridges.

Most incisors have two fine vertical markings, erroneously called "developmental lines." In different teeth, these lines vary in length, depth and position. In some instances, there is only one present.

Variations of the labial surfaces are the bases of esthetics, and the first and only artificial teeth to embody the varied labial surfaces in natural teeth are

VERI-CHROME

TRADE MARKS REG. U. S. PAT. OFF.

Five Phase *Anteriors*

Specify them on your next case

Look for the trade mark on the lingual of each tooth

UNIVERSAL DENTAL COMPANY

Manufacturers of the Most Complete Line of Porcelain Teeth

48th & BROWN STREETS • PHILADELPHIA, PA.

Sets Harder—and thus gives a firmer base for either temporary or permanent fillings—

Thymol Zinc Cement—prepared in accordance with the original formula of Dr. Paul Jammeson—sets harder than other preparations intended to prevent or relieve irritation of the pulp and preserve its vitality when inflamed or exposed. It therefore affords a firmer base for either temporary or permanent fillings.

In addition, its Thymol content gives it an unusually strong bactericidal action, thus further adding to its effectiveness. Jammeson's Thymol Zinc Cement has been proven in practice by over seven years' private and institutional use.

We invite you to write for a booklet written by Dr. Paul Jammeson outlining the properties and uses of Thymol Zinc Cement.

Buffalo Dental

MANUFACTURING CO., BUFFALO, N. Y., U. S. A.

UNITED DRUG COMPANY AND YOUR REXALL DRUGGIST

YOUR PARTNERS IN HEALTH SERVICE

For Quick Emergencies

U. D. SULFANILAMIDE, SULFAPYRIDINE and SULFATHIAZOLE

conforming to all accepted standards, are now instantly available at your Rexall Druggist

U. D. Sulfanilamide, Sulfapyridine and Sulfathiazole, made of superior quality chemicals under the surveillance of the United Drug Company's Department of Research and Technology, are available at the prescription departments of Rexall druggists everywhere (Liggett and Owl Stores are Rexall Stores).

Explicit information for physicians on the use of these increasingly popular drugs, which are proving so beneficial in the treatment of many contagious diseases and infections, is available on request, in pamphlet form.

For safety, convenience, economy and quick service, order these drugs from your neighborhood Rexall druggist — your partner in health service.

UNITED DRUG COMPANY • BOSTON • ST. LOUIS

CHICAGO • ATLANTA • SAN FRANCISCO • LOS ANGELES • PORTLAND • NOTTINGHAM • TORONTO

Pharmaceutical Chemists — Makers of tested-quality products for more than 38 years

U. D. Products are available wherever you see this sign

Rexall DRUGS

ISAAC MASEL CO.
ORDER BY
PHILADELPHIA U.S.A.

For Quality & Economy. Use

MASEL
READY MADE
CROWNS
available in
PLATINUM—GOLD AND BASE METAL
Order from your Dealer

Coming to Buffalo

BE SMART . . BE THRIFTY

Stop at Hotel Lafayette, a hostelry esteemed by Buffalonians and all who really know Buffalo. Right in the heart of the theatre, shopping and business district. Fine, excellent food at sensible prices in our dining rooms and coffee shop. Garage across the street. The complete hotel, you'll be proud to stop at!

Moderate Rates
Single—$2.50 Up
Double—$4.00 Up

Special Rates for 4 or more. Write for Folder S-10.

Hotel **LAFAYETTE**
BUFFALO, N.Y.
K. A. KELLY MANAGER

Have YOU tried the new

DR. BUTLER

Artificial **BRISTLE BRUSH?**

This new artificial bristle made by DuPont in the U.S.A. is finding favor with thousands of dentists.

Why not make your own comparison (if you have not already done so). Send 40c in coin or stamps for one artificial and one natural brush and compare the two.

MAIL COUPON TODAY!

JOHN O. BUTLER CO.
7359 Cottage Grove Ave., Chicago, Ill. OH 7-41

I enclose 40c for two brushes:

ARTIFICIAL
- ☐ Med. Bleached
- ☐ Hard Bleached
- ☐ Extra Hard Bleached

(Artificial comes in bleached bristle only).

NATURAL
- ☐ Medium Bleached
- ☐ Hard Bleached
- ☐ Extra Hard Bleached
- ☐ Hard Unbleached Bronze
- ☐ Extra Hard Unbl. Bronze
- ☐ Hard Unbleached Black
- ☐ Extra Hard Unbl. Black

Dr. .....
Address .....
City & State .....

YOU'LL BE COCK-OF-THE-WALK WITH YOUR NEW CDX X-RAY UNIT!

d we won't blame you one whit, for the new DX is *that* kind of a machine, the kind that kes you tingle with pride because you know u have the finest thing of its type, the one th which all others are compared.

's the kind of an x-ray unit that makes patients ng up their friends to tell them how progres- e you are with your beautiful, new General lectric unit and how for the first time they've ally enjoyed an x-ray examination. It's the ind that makes radiography fun instead of a ore—it's so incredibly easy to handle. And e kind that stimulates your professional zeal nd bolsters your reputation—it's so scientifi- lly designed and soundly constructed to give u brilliant radiographs time after time.

o, if you are embarrassed by the old-fangled ppearance of your present x-ray unit, harassed y its squeaks and its rattles, hampered by ranky operation and inferior results, and wor- ied by fear of shock, we suggest you turn it in ow for a new as tomorrow CDX. Then you'll e proud instead of ashamed of your x-ray faci- ities. Then you'll be cock-of-the-walk!

With the prospect of increased practices for the older dentists growing stronger daily, there has seldom been a better time to modernize, so why not write for complete details about the CDX Dental X-Ray Unit *today?*

Please send — without obligation — a copy of the CDX catalog and information about the CDX convenient payment plan.

Dr._____
(please print)

Address_____

_____

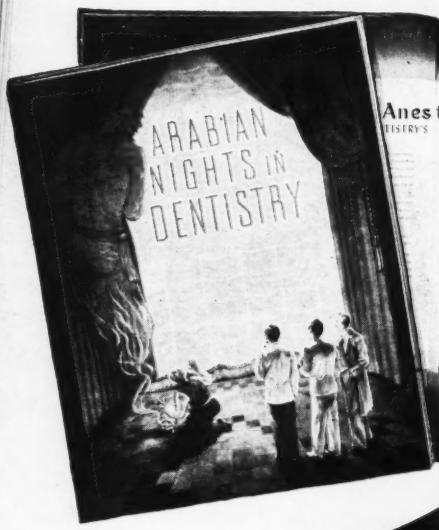
Dealer_____

GENERAL ELECTRIC X-RAY CORPORATION

2012 JACKSON BLVD. CHICAGO, ILL., U. S. A.

P57

HAVE YO



CONTENTS OF
"Arabian Nights in Dentistry"

YOU REQUESTED Your Copy Of "ARABIAN NIGHTS IN DENTISTRY?"

In "Arabian Nights in Dentistry" the story of restorative dentistry and its esthetic possibilities is interestingly and clearly related through the generous use of "before and after" pictures. A few of the many pictures employed are shown here.

"Arabian Nights in Dentistry" is unquestionably one of the most attractive books ever prepared for the education of a dental patient. You will use it often for the vivid manner in which it emphasizes the importance of good dentistry.

Phone or write your Ticonium Laboratory for a copy of this splendid book "Arabian Nights in Dentistry."

★

There is a

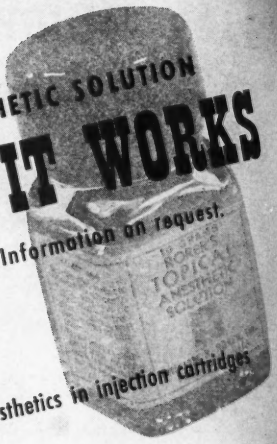
TICONIUM

Laboratory near you

Ticonium, 413 North Pearl St., Albany, N. Y.

RORER'S TOPICAL ANESTHETIC SOLUTION

IT WORKS



Offered in 10 gram bottles. Information on request.

WILLIAM H. RORER, INC.
Established 1910
254 South 4th Street
Philadelphia, Pa.

Manufacturers of dental anesthetics in injection cartridges

Write to HEADQUARTERS *for* CLARK *Service*

ALL A. C. CLARK EQUIPMENT PARTS

We will recondition your A.C. Clark equipment at a minimum of cost. We can replace broken or worn parts promptly. No delay.

Work fully guaranteed.
We welcome your inquiries. No obligation for estimates.

GLAZBROOK BROS. DENTAL SERVICE SHOP
7225 Wentworth Avenue Chicago, Ill.

YOU BE THE JUDGE, DOCTOR!

RETTO DENTURE CLEANSER **RETTO ADHESIVE**

Developed by a practicing dentist. Recommended by dentists for years. Put both to any test you care to make and they will measure up to your most exacting requirements. Guaranteed to perform effectively and safely. You can recommend RETTO products with confidence. Send your card or letterhead for FREE samples.

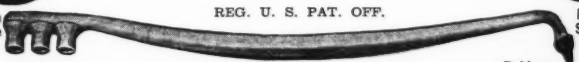
RETTO PRODUCTS COMPANY DEPT. J CLEVELAND, OHIO

Gums NEED Massage

THE DENTICATOR Gum Massager

REG. U. S. PAT. OFF.

Vacuum Massage



Interdental Stimulation

Rubber Rubber

Same Dental Cups and Tips as used Professionally by thousands of Dentists for Cleansing-Medicating-Massaging. Used successfully by patients between office visits in Prevention and Treatment of stubborn cases of Gingivitis-Pyorrhea-Trench Mouth.

Sold by drug and department stores everywhere

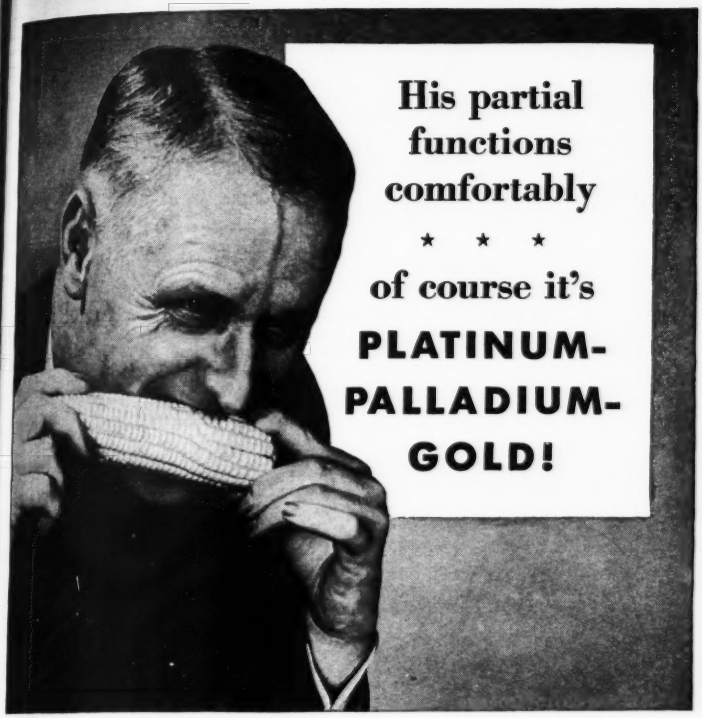
TO TRY—SEND FOR FREE SAMPLE

THE DENTICATOR CO.

MANUFACTURERS • DISTRIBUTORS • EXPORTERS

• PROPHYLACTIC DENTAL SPECIALTIES •

1033 MISSION STREET SAN FRANCISCO, CALIF.



THE inherently greater resilience of platinum-palladium-golds holds partials comfortably in alignment without extreme rigidity which has a tendency to damage abutment teeth.

Increased strength of these precious metal alloys enables you to use fewer pennyweights of metal. Thus your restorations are lighter in weight and less bulky...yet fully safeguarded against breakage.

Casting and wrought platinum-palladium-golds are readily available to you under many nationally known trade names. There is an alloy to meet strength requirements of every type of restoration.

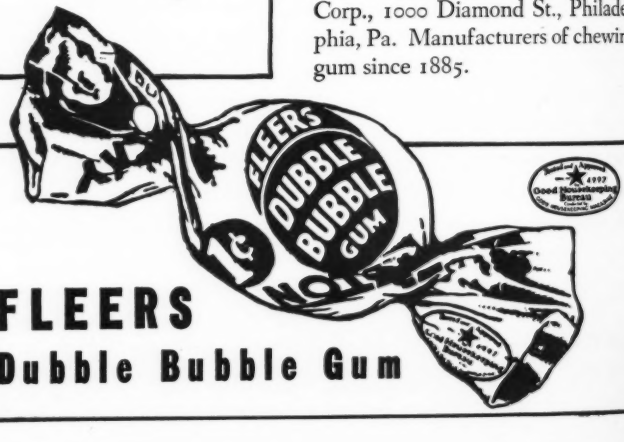
Platinum Metals Division
THE INTERNATIONAL NICKEL COMPANY, INC.
67 Wall Street, New York, N. Y.

Dr. Brown tried it himself one day

MANY of his child patients came to his office chewing FLEERS Dubble Bubble Gum. So while he was at the store he bought a piece out of curiosity . . . and found out why children like it so well. It was three times as large as the ordinary stick . . . giving them a lot for their precious penny. It was tougher . . . so youngsters could chew it *longer.* (Children buy more FLEERS Dubble Bubble Gum than *any other penny gum.)*

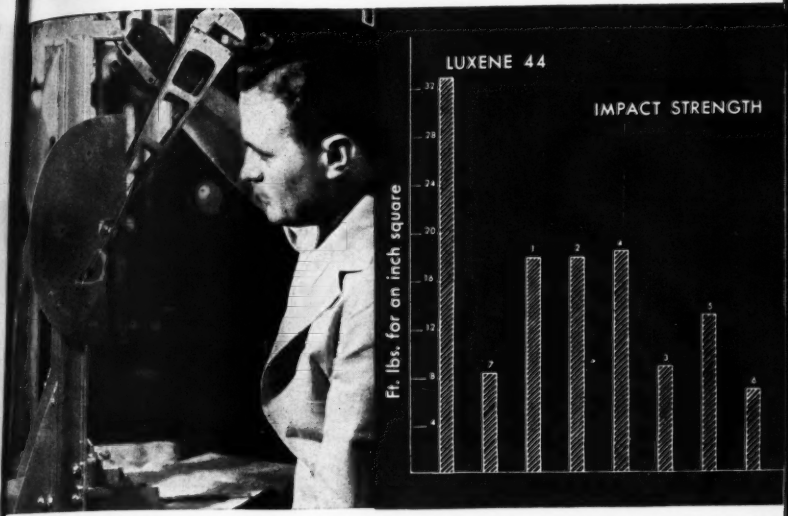
"Hum," thought Dr. Brown, "this gum has special dental advantages. It's tougher and larger. So it has the bulk to fold over teeth and massage the gums. It offers more exercise. It helps the flow of saliva and helps remove bits of food. Some of my *grown-up* patients can also benefit from this gum."

Try a piece of FLEERS Dubble Bubble Gum yourself . . . and you'll see why it can be a dental aid to many of your own patients, adults as well as children. Frank H. Fleer Corp., 1000 Diamond St., Philadelphia, Pa. Manufacturers of chewing gum since 1885.



FLEERS
Dubble Bubble Gum

These tests TELL YOU THE TRUTH



LEFT: Standard testing equipment, on which were determined the measurements of denture resin impact strength plotted in the chart at the right. RIGHT: Chart showing that the impact strength, found by actual tests, of "LUXENE 44", is greater than that of other denture resins.

bout denture resin impact strength!

Good impact strength is essential. It is of particular importance in partials and in those dentures that must be made in thin sections.

Here, too, "LUXENE 44" is the leader. As the chart shows, it has a far greater impact strength than other denture resins in use today. This is a *demonstrable fact.* It is proved by actual tests, both in the testing laboratory and in actual service.

Why not take advantage of this greater strength and toughness, and decide now to make your next cases of "LUXENE 44"?

SELECTED LABORATORIES TO SERVE YOU BEST!

To assure you of excellent craftsmanship that meets your most exacting standards, "LUXENE 44" is available through *selected* laboratories who have been thoroughly trained in "LUXENE 44" technic.

Write us for the names of the *selected* laboratories nearest you. Or, if you make your own cases, ask us for a demonstration.

LUXENE, INC., 118 E. 25th STREET, N.Y.C.

SELECTED LABORATORIES
Quality
LUXENE 44
First

LUXENE 44

TRADE MARK REG. U.S. PAT. OFF.

—but I had always thought I had to "write off" 6 to 10 hours a month to balance my accounts

WHY keep records the horse-and-buggy way? The Ekonomik Check Register System simplifies your whole bookkeeping system. Twelve postings in the Ekonomik system replace two hundred postings in old style stub check books. That's modern performance!

Don't let another month go by without taking advantage of Ekonomik Check Register convenience.

We will be glad to send you the Ekonomik Check Register on ten days free trial. If you are not convinced that it is the answer to your bookkeeping problem, return it at our expense.

The Ekonomik Check Register comes in a permanent rich green Fabrikoid cover, complete with filler at $2.45, plus a few cents postage and C.O.D. charges.

SPECIAL BONUS: If you wish to remit cash with your order, we will deliver to your address, all charges paid.

The EKONOMIK SYSTEM is:

- Faster—saves time . . . saves work.
- Accurate—guards against costly errors, N.S.F. checks, Income tax frenzy.
- Handy—easy to use.
- Durable—built to last.

Ekonomik
CHECK REGISTER

CLIP THIS COUPON

Pioneer, Inc., 1200 A St., Tacoma, Washington
Please send me a time-saving . . . work-saving Ekonomik Check Register complete with filler.

Name_____

Address_____

City_____State_____

Please fill in the name of your stationer here

CLOVER LEAF
XX IMPRESSION PLASTER
HAS 5 PROPERTIES

that insure ACCURACY

1. Of extremely fine grain, it reproduces the minutest detail.
2. Its rapid and accurate set enables you to proceed with assurance.
3. Its freedom from expansion eliminates a common cause of inaccuracy.
4. It breaks with a clean fracture.
5. Its quality and uniformity is maintained by careful manufacturing technique and strict laboratory control.

Other Wiggin's products include: X Standard Set Plaster, Hardite Soluble Impression Plaster, Hard Plaster, Cloverlac, Vulcanizing Stone.

H. B. WIGGIN'S SONS COMPANY
BLOOMFIELD, NEW JERSEY

Please send me sample of Clover Leaf XX Impression Plaster

Dr. .....

Address .....

City .....State .....

Revelation Tooth Powder owes its great success to the recommendation of individual dentists throughout the Nation. Conceived and introduced as an ethical product, 34 years ago, *Revelation* has become known more and more as *A Powder of Merit*. The original formula perfected in 1907 by August E. Drucker, is strictly adhered to. The result is a reliable dentifrice—efficient in quick cleansing action, incapable of harming delicate tissues; pleasant to use and with refreshing after-taste. You are invited to send for complimentary testing samples.

KINDLY ENCLOSE
PROFESSIONAL STATIONERY

REVELATION
TOOTH POWDER

AUGUST E. DRUCKER CO., 2226 Bush Street, San Francisco OH 7-41

- ☐ Professional stationery enclosed
- ☐ Send full size can for personal trial
- ☐ Send testing samples for patient distribution

Dr. .....

Address .....

City .....State.....

Is it "GOODBYE FOREVER"?

When your appointments are over and your patients leave, are they shaky, unstrung, an apparent **bundle of nerves?** Or do they smile, relaxed physically and mentally, casually make another appointment? Whether or not patients anticipate their next visit with confidence and complete fearlessness depends largely upon your professional skill and your care in the selection of a good anesthetic. It pays to use anesthetic solutions known for their dependability, uniform quality, proven efficacy—such as Minimax Anesthetic Solutions. Minimax solutions come to you full of "vim, vigor and vitality" in the scientific Hy-Vac package that's dust-proof, damp-proof, wholly oxygen free. For assurance of receptivity to your operative skill in oral surgery, extractions, preparations for jacket crowns, bridges, inlays, wherever local anesthetic is indicated—use an anesthetic that's preferred by professional men the world over: Minimax Procaine Solutions 2% with Epinephrin.

Prepared in 3 strengths: Epinephrin 1:30000, 1:50000 and 1:70000. Supplied in two size cartridges: large for standard syringes, small for short syringes. 25 ctgs. in each Hy-Vac package.

Hy-Vac package patented U. S. Patent Number 2,215,479.

MINIMAX

The Minimax Co. • Medical & Dental Arts Bldg. • Chicago

SEND FOR YOUR FREE COPY TODAY!

Send me free your New, Illustrated Manual, "Full Denture and Rebase Impressions".

Dr. _____

Address _____

City & State _____

Dealer _____

ANACIN is recommended for the relief of pain and discomfort due to headaches, colds and neuralgia—and for pain following tooth extractions.

DOSAGE: 1 or 2 tablets with water. Repeat if necessary, 1 tablet in 3 hours.

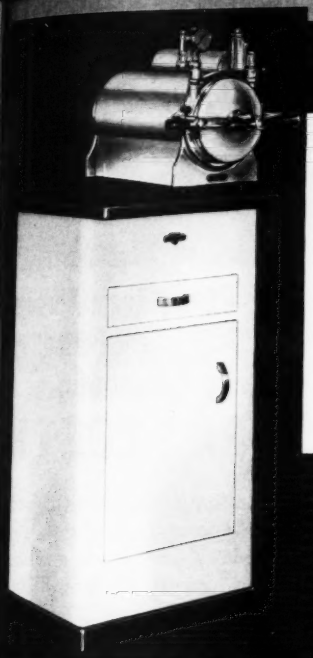
• PROFESSIONAL SAMPLES ON REQUEST

THE ANACIN COMPANY • JERSEY CITY, N. J.

STERILIZE • EVERYTHING

Sterilize instruments, dressings, gloves and other operative materials in this beautiful little Pelton Autoclave.

Like its big hospital brother, it destroys all bacteria by 250 degrees of steam under pressure and delivers everything dry and ready for immediate use. Write us or ask your dealer.



PELTON MODEL 21FL

Complete with Autoclave	$175
Western	$183.50
Cabinet only	$40
Western	$44
Autoclave only	$135
Western	$139.50

PELTON MODEL 41FL

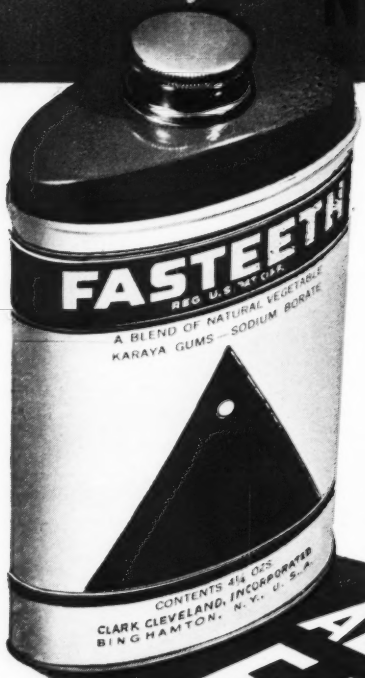
As shown	$280
Western	$295.50

With recessed Instrument Sterilizer but without Autoclave which can be added at any time... $145
Western $156

PELTON & CRANE CO.
DETROIT, MICHIGAN

PELTON AUTOCLAVES

PATIENTS *Do* APPRECIATE NEW DENTURES



—Carry Them Through This "Adjustment Period" by Hastening Control with

FASTEETH

Prosthodontists frequently hear patients complain about new dentures. After all, new plates *are* strange to the mouth and controlling muscles. Therefore, many dentists advise—to aid new denture control—the use of an efficient, alkaline retention medium such as . . .

ALKALINE FASTEETH

Combats IRRITATING ORAL ACIDITY BENEATH THE DENTURE . . .

Holds DENTURE MORE FIRMLY AND MORE COMFORTABLY . . .

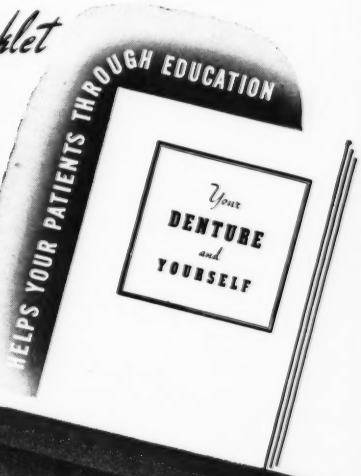
Alkaline FASTEETH (1) spreads rapidly and evenly to form a thin, colloidal cushion of sustained retentive power, (2) helps ward off further irritation and inflammation due to excess mouth acidity in area of denture contact.

Let FASTEETH do an excellent job of "homework" for you — starting today. FASTEETH helps the patient to overcome fear or apprehension and so enjoy the advantages of your work sooner. There is no better method of promoting good will than to have your patient feel that you have been considerate of his ease and comfort.

Examine This Instructive Booklet

FOR PATIENT DISTRIBUTION

The booklet, "Your DENTURE and YOURSELF" saves you time explaining about the first stages of wearing new dentures, chewing technique, diets, speaking exercises, proper cleansing, and explains natural gum and mouth [illegible] changes requiring eventual re-[illegible] new dentures. As many copies as you like—no charge—simply [illegible] coupon.



CLARK-CLEVELAND, INC., Binghamton, N. Y.

O.H.7

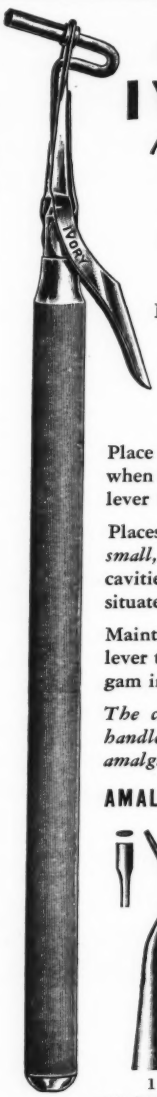
☐ Please send me professional samples of FASTEETH.

☐ Send me at once a few copies of "Your DENTURE and YOURSELF" for my examination.

Doctor.....

Street & No......

City..... *State*.....



THE IMPROVED

IVORY

AMALGAM CARRIER

WITH CONE SOCKET END

Easy to

Operate
Keep Clean
Take Apart
Assemble

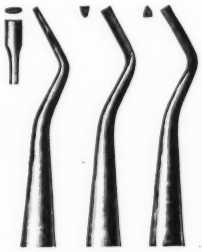
Place finger under lever when filling carrier. Press lever to expel amalgam.

Places the amalgam in *small, large* or *fissure* cavities, no matter where situated.

Maintain pressure on lever to attach first amalgam in cavity.

The cone socket end of handle to be used for amalgam instruments.

AMALGAM PLUGGERS



1 2 3

ALL DEALERS

J. W. IVORY

Manufacturers

PHILADELPHIA, PA.

COLUMBIA MODEL GLOSS

Gives a Smooth, Lustrous Finish to Plaster or Stone Models Makes Them Washable

Simple to Use: To 1 part Model Gloss add 1 part water and let models remain in this solution 30 minutes. Rinse models in water, dry with soft cloth and rub to desired gloss.

$1.00 a qt.

Columbia Rubber Model Formers

Price per set—1 upper and 1 lower rubber model former $2.75

Order through your Dealer

The easy way to make neat study models.

Just pour plaster or stone into rubber model base former and mount anatomical cast.

Upper and lower models made in these formers occlude automatically.

Complete illustrated directions supplied.

Columbia Dentoform Corp.

Have you a copy of our 16-page illustrated price list?

131 East 23rd Street **New York, N. Y.**

If you do your own Orthodontia

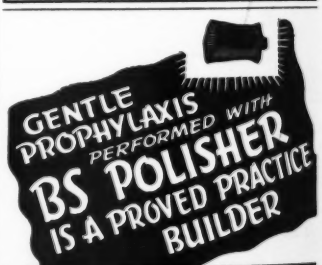
O X XX XXX

2000 to 4000 rubber lig.—any two sizes $1.00
100 ft. No. 3 silk (grassline) $1.00
300 ft. No. .010 stainless wire lig.....$1.00

Direct or through your dealer

O Spro

Vogue Building, Wells at Van Buren
Chicago, Illinois.
Write for samples and literature



Young DENTAL MFG. CO
ST. LOUIS, MO
ESTABLISHED OVER 40 YEARS AGO

To provide and maintain these desirable features

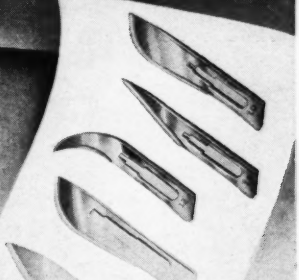
BARD-PARKER

RIB-BACK BLADES

are built up to a quality . . . not down to a price

SUPERIOR SHARPNESS
ADEQUATE RIGIDITY
LESS REJECTS
UNIFORMITY
GREATER STRENGTH
LONGER CUTTING EFFICIENCY
ECONOMY

Each individual blade is carefully inspected after every major step of production. Blades failing to meet our rigid specifications are immediately discarded. They are not permitted to reach the operating room to be rejected by the surgeon. This economy feature measurably conserves the buyer's investment dollar.



Investigate these new B-P HANDLE features

DISTAL ENDS . . . redesigned for use in blunt dissection

ELONGATED HANDLES . . . for deep surgery

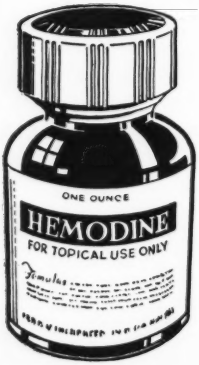
Ask your dealer

BARD-PARKER COMPANY, INC.

DANBURY, CONNECTICUT

A BARD-PARKER PRODUCT

NOW...for immediat er

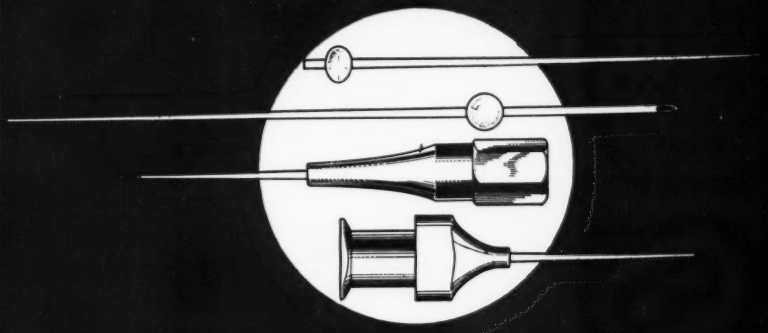


INTRODUCING

HEMODINE

A completely stable solution used routinely to accomplish immediate hemostasis and sterilization in post-operative bleeding and for cuts and laceration of mucous membrane or skin. Hemodine is non-toxic, non-irritating and benign to tissue regeneration.

Safest



MIZZY, INC. • *MANUFACTURERS*

diat germicidal hemostasis!

HEMOSTATIC • GERMICIDAL • ANALGESIC

Hemodine combines two important therapies in a single medicament. In addition to its instant hemostatic properties, it's an *effective antiseptic* which meets all USP requirements for germicides. Use Hemodine routinely in combination with mechanical technique for cessation of post extraction hemorrhage. In most cases hemostasis occurs within 8 seconds after application. Hemodine also offers a safe solution to the problem of clearing areas of blood where further work or preparation is to be done. It avoids delay and waste of chair time when blood ooze interferes with the dry placement of silicate, cement, or amalgam fillings. Order from your dealer.

CONICAL NEEDLES

105 E. 16TH ST. • NEW YORK CITY

Royalchrome
DISTINCTIVE FURNITURE

LONG ON STYLE—
STRENGTH—COMFORT

Royalchrome is the most practical furniture for the reception room and office. It reveals good taste and refinement . . . has durable chrome plating and colorful Tuf-Tex leatherette upholstery—choice of 30 appealing colors.

Send today for 16-page booklet showing complete group installations. Ask about our free planning and layout service.

ROYAL METAL MFG. CO.
161 N. Michigan Ave., Dept. A
Chicago
New York—Los Angeles—Toronto

Royal

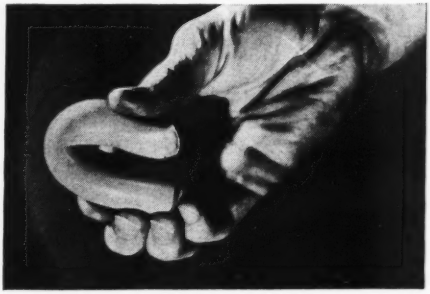
TEETS
PRECISION
INLAY
IMPRESSION
COMPOUND

TAKES THE DEPRESSION OUT OF IMPRESSION JOBS

No more worries about accurate inlay impressions. Teets Precision Impression Compound, the choice of leading dentists and ceramic technicians, for indirect porcelain inlays, jacket crowns and gold inlays, gives finest results under most exacting conditions. Ask your supply house or write for detail information today.

CO-ORAL-ITE DENTAL MFG. CO. Santa Monica, California

80,000 copies of YOUR TEETH AND YOUR LIFE distributed to date . . . *See pages 980-981.*



A HYDRO-COLLOID UNEQUALLED IN STRENGTH—UNEXCELLED IN ACCURACY

Order from your dental dealer.

DENTAL PERFECTION CO.

MANUFACTURERS OF DENTAL SPECIALTIES
2323 W. Washington Los Angeles, Calif.

DPC

OTHERS TELL YOU WE'LL SHOW YOU

Doctor, can you do this with your present material? This un-retouched photograph of a stick of D-P Impression Colloid bent double without breaking represents the amazing strength this material possesses. Thus its ability to pull over the worst undercut without tearing is graphically illustrated. Its extra heavy body and the absence of fibre renders it the perfect material for all Full, Partial, or Indirect Inlay technics, also for the use of the Orthodontist.

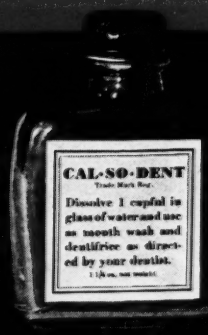
Being packaged in a tube with a cap, any unused material may be left in the container for future use. No mixing of the material is required.

It can be used at approximately body temperature, thus eliminating any danger of burning a patient.

NEEDED FOR MASSAGE BRUSHING

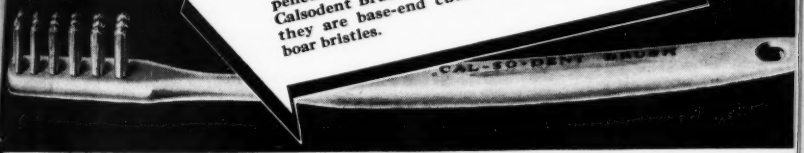
—this preparation

CONTAINS NO ABRASIVES, NO SOAP, NO SODIUM PERBORATE. A capful of Calsodent makes a glassful of solution. Used as a brushing dip, makes massage brushing pleasant; removes debris from brush; "cuts" mucin; has tonic effect on gingival tissue. Solution also acts as most effective mouthwash.



—this brush

BRUSH HEAD NOT TUFTED, NOT TOO LONG, NOT TOO BROAD, NOT TOO NARROW. Small head with crested brushing surface permits proper application against all gingivae. Spaced tufts penetrate into interproximal spaces. Bristles in Calsodent Brush keep resilience longer because they are base-end cuts of selected Chungking boar bristles.



SPECIAL OFFER TO DENTISTS—to insure home use of proper equipment

AT LESS-THAN-COST, the materials you need for instructing your patients in massage brushing or giving chair-massage treatments. Each Kit contains a 50¢ Calsodent Brush with special Chungking bristles and a bottle of Calsodent that makes 2½ quarts of massage brushing solution. 5 Kits for $1.00. At this price, only 30 Kits at a time.

CALSODENT CO., INC., 215 4th Ave., New York City

Please send me: ☐ 5 Kits; ☐ 10 Kits; ☐ 20 Kits ☐30 Kits—at your special price to dentists of 5 Kits for $1.00. Each Kit is to contain a 50¢ Calsodent Brush and a 10¢ bottle of Calsodent.

☐ Check Enclosed ☐ Send C. O. D.

Name ..... D.D.S.

Address .....

City ..... State .....

OH-7-41

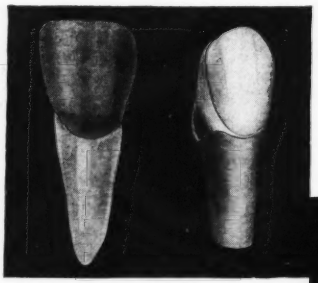
☐ Also send me FREE your manual for dentists on Massage Brushing.

ACRALAIN

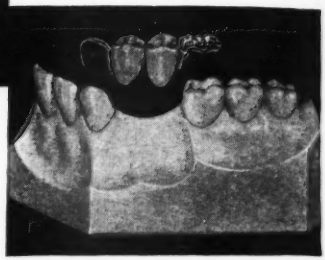
Trade Mark Registration and Patents Covering

Technique and Machine Pending U.S. Patent Office

The Scientifically Blended Acrylic for CASTING JACKET CROWNS, VENEER FACINGS, BRIDGE PONTICS and INLAYS.



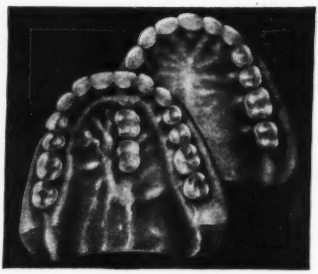
Color blending is no problem with ACRALAIN, because there already have been 12 shades developed to work with. Natural harmonies are readily achieved.



The success Dentists enjoy with Restorations of ACRALAIN is proof of its serviceability, compatibility and dependability.

ACRALAIN CASTS to precision accuracy; has impact strength, toughness and resilience. It is light in weight and resistant to thermal shock. Because of these outstanding qualities, Dentists are finding it increasingly useful.

DISTINCTIVE PRODUCTS *for* BETTER PROSTHETICS



ACRALITE

REG. U.S. PAT. OFF.

Patients acclaim ACRALITE Dentures of Distinction for their life-like appearance when first seen and for their comfort and cleanliness even after long wear. ACRALITE may be processed in natural tissue tone over all, or with clear palates.

If your dealer cannot supply you, please write us

ACRALITE CO., Inc.

257 WEST 38th ST. NEW YORK, N. Y.

DU PONT

Good Radiographs Start With Good Film

Du Pont combines contrast and speed to assure brilliant radiographs with needle sharp detail.

"D" films have two emulsions to produce sparkling radiographs with minimum exposure. "S" films, being single coated, form a softer image with a fine gradation of intermediate tones. Both films are encased in easy to open PULL-A-TAB packets—of special saliva proof paper. Both are readily identified by the "shiny side—tongue side" method. Packed in 2 dozen and gross boxes, ask your dealer for prices.

Better Films

DU PONT FILM MANUFACTURING CORPORATION
9 ROCKEFELLER PLAZA NEW YORK, N. Y.

for Better Radiographs

Many now use V-E-M for comforting relief of distressing "hay fever" symptoms. V-E-M pleasantly soothes and lubricates accessible nasal membranes, and tends to protect them against irritating dust, pollen and fumes.

The patented V-E-M applicator, supplied with each tube, places a measured dose high up into the nasal passages. It is so easy, so quick, so convenient to use V-E-M's comforting lubrication. The clean-smelling cooling effect lasts for hours.

To test V-E-M's great effectiveness and convenience for yourself and acquaintances bothered by hay fever, mail the coupon below for a large Free Sample.

Nasal Relief without Ephedrine

Menthol 1½ gr. Oil of Eucalyptus 6¼ gr. in each A.V. ounce.

The Best Way to Treat Your Nose

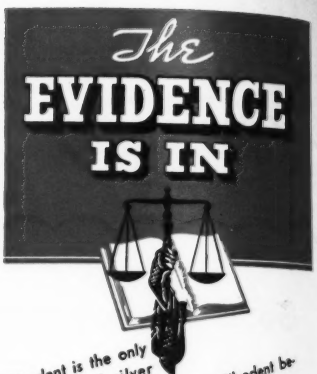
Schoonmaker Laboratories Inc., Caldwell, N. J.

Please send Free Sample of V-E-M

To .....

.....

OH-7 .....



"Silvodent is the only oxy-eugenol silver preparation that sets hard enough to make a real foundation under amalgam or inlay."

"I like Silvodent because it can be placed in direct apposition with the vital pulp... and doesn't discolor enamel!"

Silvodent has been in constant use for 15 years by thousands of dentists all over the world . . . whose practice has consumed over 350,000 packages. This is PROOF, we believe, that Silvodent meets a demand better than any other product on the market.

SEND COUPON FOR FREE TECHNIQUE BOOK

SILV-O-DENT

THE SILVODENT COMPANY O-7-6
1708 N. E. Alberta St., Portland, Ore.

You may send me a copy of your free booklet about SILV-O-DENT oxy-eugenol silver cement.

Dr. .....

Address .....

City ..... State .....

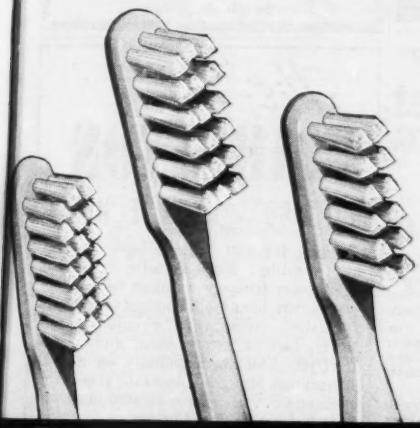
Modern dentistry stresses the importance of TAKAMINE features

SMALL HEAD—Leading dentists advocate small, straight bristle surface, correctly tufted and spaced, set in firm, straight handle, as the only logical instrument for thorough massage-brushing.

FREQUENT RENEWAL—Although TAKAMINE is an excellent toothbrush, no WORN brush can retain maximum efficiency despite its original quality. The LOW COST OF TAKAMINE makes frequent renewal practical for ALL patients.

ALTERNATE BRUSHES—TAKAMINE makes it practical (by low cost to patient) to alternate two brushes, day and night, for maximum brushing efficiency.

QUALITY BRISTLES—TAKAMINE natural bristles are carefully selected, of the highest quality obtainable. They retain resiliency without "extra hardness"—therefore will not injure the gingivae. They are held in permanently by patented device.



EASILY STERILIZED—These are the only toothbrushes that can be sterilized repeatedly in boiling water without harming the brush. The use of Takamines in cases of Trench mouth is therefore particularly important.

BAMBOO HANDLE—TAKAMINE uses the best grade of bamboo for the handle. It is light, yet rigid—and will not bend under pressure while brushing. It can be resterilized in boiling water without distortion.

TAKAMINE

TAKAMINE CORPORATION, 132 Front Street, New York City

Enclosed remittance to cover my order for...TAKAMINE Toothbrushes at professional prices as checked below:

For your office dispensation Special prices are:

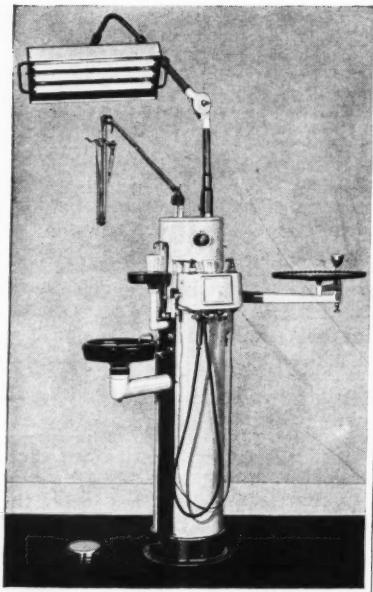
.....STANDARD at 7c each. .....2-Row Interproximal at 10c each.

.....3-Row Interproximal at 9c each.

If you reside in New York City, please add 2% sales tax.

Name.....D.D.S.

Address .....



An Important Advantage

LOW SPEED . . . yet MAXIMUM POWER

Another Advantage . . .

PRICE: $397.50

Here is the Unit for your operatory. Modern in design and equipped with our new mechanically controlled electric engine. It embodies all the latest features in dental equipment.

The No. 7 UNIT offers many advantages. For one thing it has *low speed* but at low speed it offers you *maximum power*. This combination is greatly desired and offers definite operating advantages.

Another advantage is the low price—$397.50 (as illustrated above), including the engine, triple-section all-cord arm, bracket table, Bunsen burner, air cutoff, and swivel tip, diagnostic lamp, spray warmer complete with two bottles and tumbler, viewbox, cuspidor saliva ejector, drinking glass, and light adapter. Only the fluorescent light and handpiece are extra.

Send today for free, illustrated catalog. Or ask your dealer. NO OBLIGATION.

CENTRAL DENTAL MFG. CO., INC.
640 S. Third St., Louisville, Ky.

"All the fun in the world" is yours at Cedar Point, the largest vacation resort on the Great Lakes.

Seven miles of sandy beach, all sports . . . 1,000 outside rooms in Hotel Breakers.

A new "name" band each week during entire season in Grand Ballroom.

On U. S. Route 6, Ohio 2, midway between Cleveland and Toledo. Rail or bus to Sandusky. Steamers from Detroit and Cleveland. Send for new folder.

CEDAR POINT-ON-LAKE ERIE
Sandusky, Ohio

The
HARRISON
CHICAGO'S NEWEST HOTEL

• Built for you average business men and families. No expensive frills but everything for your comfort in an ideal downtown location. You get a smartly furnished room with circulating ice-water, tub or shower-bath, and FREE RADIO. You sleep soundly on a soft, Beautyrest Mattress. And talk about convenience . . . you can even step into your garage from the hotel lobby.

JUST OFF MICHIGAN BLVD.
ON HARRISON ST.

SINGLE ROOM FROM $2.00
DOUBLE ROOM FROM $3.00

THE BURDEN OF PAIN

TIME was when pain had to be borne with patience and fortitude as one of life's inescapable burdens. But today there is at hand, almost always, some degree of relief from the weary plod along the furrows of pain.

One such aid to pain-relief is PERALGA. The formula of Peralga, recently revised, combines the pain-relieving properties of acetophenetidin and acetylsalicylic acid, with the sedative action of barbital. The administration of Peralga goes a long way toward alleviating pain and quieting nervous agitation: in therapeutic doses, depressant or accessory effects are rarely, if ever, encountered.

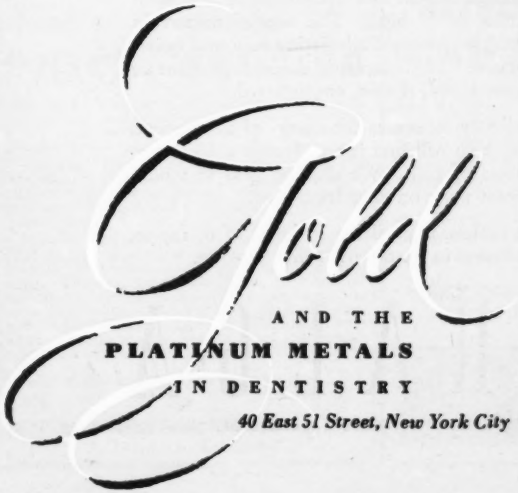
When pain needlessly consumes the energy of the patient, think of Peralga. You will find it an effective aid in overcoming the distress of pain. We shall be glad to send a trial supply. Please write on your letterhead.

Peralga, 7-grain tablets, is available in boxes of 6, 12, 50, 100 and 500; powder, in bottles of ½ and 1 ounce.

PERALGA

SCHERING & GLATZ, Inc., 113 West 18th Street, New York City

The manifest value of gold restorations is trivial indeed in comparison to the versatile, obedient properties of gold, which allow the dentist to exercise fully his own *personal* talents. Such "personalized restorations" permit that better dentistry be practised and better practice achieved.



To Dentists Considering A New Operating Light

How to Provide Summer Comfort and Perfect Light

Before you select an operating light see Burton's TRI-LUMINAR! Not only do you get 3 lights for the price of one . . . FLUORESCENT ILLUMINATOR . . . INTRA-ORAL ILLUMINATOR . . . INDIRECT ROOM ILLUMINATOR . . . but in addition you can obtain an attached appliance, practically as a gift, to provide your office with COOLING GENTLE BREEZES.

This summer, and the year 'round, enjoy perfect office and operating illumination, plus cooling comfort for yourself and patients. Take advantage of this temporary "buy now plan" for you might otherwise pay as much for a single ordinary operating light as you can now get 3-lights-in-1 plus a scientific Air Activator especially designed for the dental office and the TRI-LUMINAR. Act now. Write or Wire.

TO OWNERS OF BURTON TRI-LUMINAR

Every TRI-LUMINAR owner can also obtain this unusual attachable appliance to circulate the air in his office at a tremendous savings. Write for information.

BURTON MANUFACTURING CO.

Burton Building, 3855 N. Lincoln Ave., Chicago, Illinois

TRI-LUMINAR ACE OF ALL OPERATING LIGHTS

AIR ACTIVATOR FOR COOLING GENTLE BREEZES

THE PERFECT YEAR 'ROUND COMBINATION

Introducing the "U287" BURTON DIAGNOSTIC SET COMBINATION... *Greatest Dollar Value We Have Ever Offered!*

YOU dentists who have always wanted Burton's Diagnostic Instruments should get information now on the new 1941 "U287." Here we offer a standard set of diagnostic instruments in a combination that saves you 50% off of the list prices.

The "U287" Combination includes the new Radio Frequency "Short Wave" Vitalometer for determining tooth vitality. With this set you receive the sensational BACTERICIDAL ULTRA-VIOLET WALL CABINET and many other important diagnostic and operative aids.

Dollar for dollar these instruments have *always* been the best buy in dentistry . . . but the "U287" is the greatest dollar value our company has ever offered. Act now . . . send for details at once.

featuring

1. Bactericidal Ultraviolet Wall Cabinet for storing instruments and maintaining asepsis — the most lethal Bactericidal agent known to science.

2. Radio Frequency "Short Wave" Vitalometer for testing tooth vitality or degree of vitality. Most widely used and generally accepted.

Money Saving Offer for LIMITED TIME
Write Today

BURTON MANUFACTURING CO.
Burton Building, 3855 N. Lincoln Ave., Chicago, Illinois

BURTON

All smokers inhale—

at least some of the time

SOME smokers inhale always—some only now and then—and when they do, isn't it true that exposure to irritation increases? Important, therefore, to smokers is this proved* Philip Morris advantage:

"ON COMPARING—THE IRRITANT QUALITY IN THE SMOKE OF THE FOUR OTHER LEADING BRANDS WAS FOUND BY RECOGNIZED LABORATORY TESTS TO AVERAGE MORE THAN THREE TIMES THAT OF THE STRIKINGLY CONTRASTED PHILIP MORRIS! FURTHER—THE IRRITANT EFFECT OF SUCH CIGARETTES WAS OBSERVED TO LAST MORE THAN FIVE TIMES AS LONG!"

PHILIP MORRIS

Philip Morris & Company, Ltd., Inc.,
119 Fifth Avenue, New York

*Proc. Soc. Exp. Biol. & Med., 1934, 32, 241-245; N. Y. State Jrl. of Med. Vol. 35, No. 11.590.

BENDICK CHROMIUM BARS & CLASPS

Clasp with Rest 35c 1 Doz. $3.50 | Clasp without Rest 25c 1 Doz. $2.50 | Flat Clasp 25c 1 Doz. $2.00

The Bendick Quality Line includes a wide variety of chrome nickel alloy bars and clasps for partials and removable bridges. They will not discolor or tarnish and have all the advantages of other materials, plus exceptionally sturdy construction. Sold through dealers. Send for your reference sheet.

BENDICK COMPANY
160 Elsie Bldg., LAPEER, MICH.

A Good Stopping

Crescent Stopping

4 OZ. CLASS JAR $1

- MADE OF BEST GUTTA PERCHA
- IS NOT MEDICATED
- WILL NOT IRRITATE TISSUE
- LEAVES NO TASTE IN MOUTH

CRESCENT DENTAL MFG. CO.
1839 S. Crawford Ave., CHICAGO

ZY WHITE COMPOUND

MIZZY LOW HEAT COMPOUND

MIZZY BLACK TRAY COMPOUND

INSURED PERFORMANCE

Insured superlative impressions resulting from the outstanding qualities of the new Mizzy Compounds have resulted in their widespread and instantaneous popularity with the dental profession. No matter what the technique, they set a new high in accuracy, safety and ease of handling.

Mizzy Compounds have the widest known working range and a texture that gives sharpest registration of detail. When chilled they cool evenly to the core—*without warping!* They have a superb, even texture to insure clean fractures and smooth trimming without flaking or chipping. Mizzy Compounds are more comfortable for the patient too. They're *pleasantly* flavored and scented. They're perfectly plastic and ready for use at a low, comfortable heat, so there's no chance of burning your own fingers or mouth tissue.

MIZZY, INC. • *Manufacturers* • 105 E. 16th St., New York City

USE ~
Crescent
SILVERLOY
Reg. U.S. Pat. Off.
Its dependable qualities have been outstanding for a quarter of a century

CONFORMS TO A.D.A. SPECIFICATIONS
CRESCENT DENTAL MFG. CO.
1839 S. Crawford Ave., CHICAGO

Effective SURFACE ANESTHETIC

NUM has everything it takes—

- Powerful anesthetic action.
- Non-narcotic.
- Non-toxic.
- Non-irritating.
- Non-acid.
- Pleasant smelling.
- Tasteless.
- Non-evaporating.
- Non-corroding.

In the Silver and Black Box.
Order from your Dental Depot.

DENT NUM
TRADE MARK REG.

OH-7-41

NUM SPECIALTY CO., 4614 Fifth Ave., Pittsburgh, Pa.

★ "PARFAIT ACRYLIC" "GUM-TINT ACRYLIC"
"PARFAIT BLANKS" "GUM-TINT BLANKS"

THE PARISIEN CHEMICAL CO., INC., Toledo, Ohio, U. S. A.

ANTIPHLOGISTINE

is indicated in dental congestions for the relief of pain, inflammation and swelling.

The Denver Chemical Mfg. Co., New York

campho-phenique

is

"IN THE PROFESSION"

For years it has been recommended in dentistry for its prompt analgesic, antiseptic, and decongestive action. It is recognized for its soothing and aid-to-healing value in the treatment of bacterial and traumatic gingivitis, stomatitis, non-specific ulceration, and as a local application on inflamed areas around the wisdom teeth.

Campho-Phenique rapidly provides a subjective sensation of comfort when painted over abrasions, cuts and other injuries secondary to dental instrumentation.

Campho-Phenique is a solution of Camphor and Phenol in a bland hydrocarbon oil combined with aromatic medicaments to produce an efficient non-caustic antiseptic dressing.

JAMES F. BALLARD, Inc.
700 N. Second St. • St. Louis, Mo.

Crescent

WIG-L-BUG

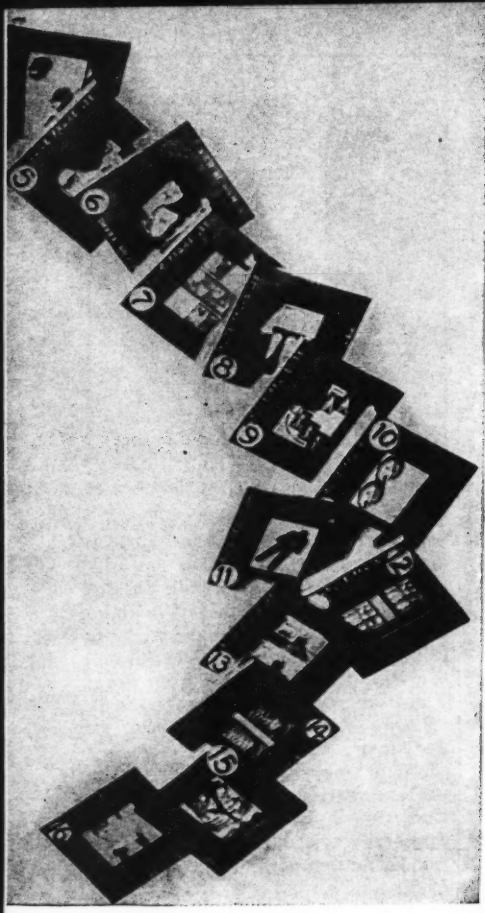
Pat. May 21, 1940

YOU CAN make MORE, FASTER and BETTER fillings than ever before with the WIG-L-BUG and your favorite alloy. This Wonder Electric Mortar and Pestle *saves alloy and mercury* by using just the right amount for fillings, thus eliminating waste. The Wig-l-bug ALSO SAVES your time; it requires only 7 to 10 seconds to triturate enough amalgam for an ordinary size filling. *All* mixes have a smooth fine texture. Complete description and simple easy directions will be mailed on request. Write today.

Model No. 3A

Through your dealer or direct

CRESCENT DENTAL MFG. CO.
1839 S. Crawford Ave., CHICAGO



The following Charts are availa as Slides:

1. How the Loss of Teeth Affects the Face
2. The Action of Local Anesthesia
3. What Does the X-Ray Show?
4. Irregularities of the Teeth
5. "One Rotten Apple Can Spoil a Bushel"
6. The Danger from the Impacted Tooth
7. The Progress of Tooth Decay
8. Insulation
9. Pyorrhea Treated or Neglected
10. The Collapsed Face
11. The Circulation of the Blood
12. The Requirements of a Correct Restoration
13. "Things Are Not Always What They Seem . . ."
14. Why Construct a Bridge?
15. Dental Conditions
16. "A Little Neglect May Breed Mischief . . ."

At the request of many of the practitioners who are using the charts VISUAL EDUCATION IN DENTISTRY in their practices we have produced the sixteen (16) most popular charts in original full natural color, made on Kodachrome, standard 2 x 2 inch slides for projection. A set of appropriate lecture material is furnished with each set of slides.

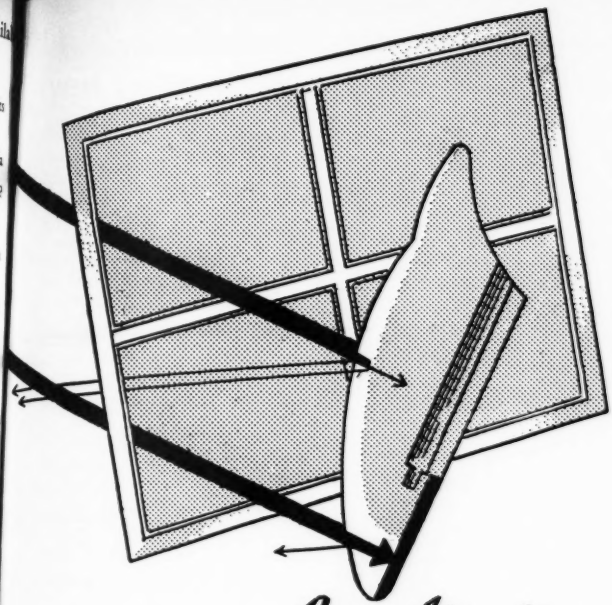
USES: 1—Chairside: in special dental projectors, or any projector that uses 2x2 inch slides.

2—Before Groups: Suitable educational material for talks before public groups. Appropriate lecture material for each subject is furnished with each set of slides.

Price $16.00 for a set of 16 Kodachrome slides. Please send remittance with order so that the slides can be shipped promptly.

★ **THE DENTAL DIGEST** ★

1005 Liberty Ave., Pittsburgh, Pa.



DR. MYERSON'S *Light Absorbent* FACINGS

Dr. Myerson's Light Absorbent Interchangeable Facings are as life-like and natural as *"True-Blend"* and *Characterized* Anteriors — the original masterpieces of denture teeth. Dr. Myerson's Light Absorbent Interchangeable Facings are a *must* for better, more natural bridge work.

These facings absorb light to the same extent as natural teeth; have the same soft brilliance, stains, incisal irregularities, striations and bluish incisals. Even experts cannot distinguish them from natural teeth when adjacent to natural teeth.

Try Dr. Myerson's Light Absorbent Facings in your next bridge—you'll never want to use an ordinary facing again!

IDEAL TOOTH INCORPORATED

CAMBRIDGE MASSACHUSETTS

Designed by Dr. G. D. Sullivan

Final
BONE FILE

The fundamental principle incorporated in this new design of bone file produces a shaving effect when wearing down bone in oral surgery. This *shaving action* produces a perfectly smooth surface of the osseous structure, leaving the pores of the bone surface open, thus hastening the healing action.

The blades are cut individually by hand and each blade is undercut to avoid scraping. The files are cut for both right-hand and left-hand filing action for convenience in working on every surface of the upper and lower jaw. The material used in their manufacture is Immunity Steel.

The price for double end, $5.00 each
Order through your dealer.

The Hu-Friedy Mfg. Co.
3118 No. Rockwell St.
CHICAGO, ILL.

NEW! NEW! NEW!
AND BETTER ! !

The brand-new absolutely shockproof FISCHER Cabinet Dental-X, just announced, has created a sensation. More than ample power, variable milliamperage and kilovoltage, leak-proof tubehead, special FISCHER-built x-ray tube, very compact construction, unusually attractive finish. Favorable trade-in allowance may be arranged. Write today for the facts. Or clip and mail this "ad" with your name on the margin. No obligation. Large 2-color, illustrated folder sent promptly by return mail.

H. G. FISCHER & CO.,
2323-2345 Wabansia Avenue
CHICAGO, ILLINOIS

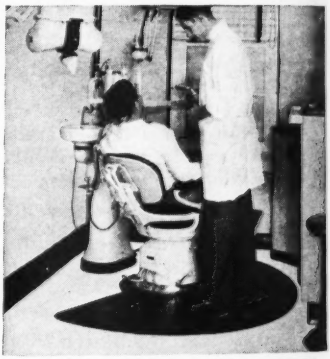
Binders for Oral Hygiene
35c each

When ordering, state for what year binder is intended.

Send order with remittance to

ORAL HYGIENE
1005 Liberty Ave.
Pittsburgh, Pa.

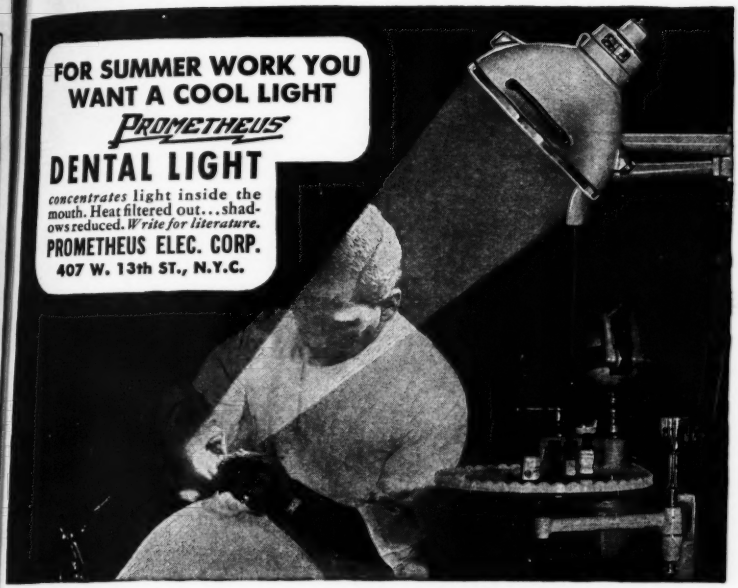
Karpex **DENTAL MATS..**



THE LEADER FOR MANY YEARS

The name *Karpex* today—as in the past—means the best, at the lowest price, in dental mats. Call on your dental supply house for prices and beautiful color combination samples from which to choose.

KARPEX MFG. CO. — INDIANAPOLIS, IND.



for THIN STRONG dentures

AMAZING IMPACT RESISTANCE . .

characterizes "HERAKLES" Dental Rubber. Thorough research tests have been made in comparison with other well known rubbers. "HERAKLES" was found to have by far the greatest impact resistance and extremely low specific gravity. Because of these features, dentures made of "HERAKLES" are very thin and very light—comfortable for the patient to wear—yet strong enough for their purpose. "HERAKLES" is non-toxic—it is indicated for the patient with sensitive gums and tender mouth. It is easily manipulated and packs freely.

AND IT HOLDS TO METAL BETTER THAN OTHER DENTURE MATERIALS

Made in two shades—Regular and Light.

If "HERAKLES" is new to you, order from your dealer or send the coupon with $1.00 for sample package. Specify shade desired.

ATLANTIC RUBBER MFG. CORP. 239 FOURTH AVE.
SUCCESSORS TO TRAUN RUBBER COMPANY NEW YORK, N. Y.
Dept. OH-4107

Enclosed $1.00 for sample package of No. 12 "HERAKLES," Regular ☐ Light ☐

Dr. ..... Address .....

City ..... State .....

STOP "balky" handpiece TROUBLE

Use STERO-OIL Regularly

It *OILS*-CLEANS-STERILIZES *all at once*

The whirling handpiece shaft draws STERO-OIL up to lubricate, clean and sterilize the mechanism thoroughly. One operation... and it only takes seconds, after each patient. You get a smooth-running instrument plus adequate sterilization. *ORDER* STERO-OIL *NOW.* Its use will gratify you!

STERILE PRODUCTS COMPANY
San Diego
California

STERO-OIL 75c AT YOUR DEALERS.
LUBRICATES • CLEANS • STERILIZES

Have You Tried—

DOHERTY'S GUTTA PERCHA FOR TEMPORARY FILLING?

★

SEND THIS ADVERTISEMENT AND 40c (NO STAMPS) FOR SPECIAL SLIDE PACKAGE CONTAINING 1 OZ. EITHER PINK OR WHITE ALSO ASSORTED, TO:

EUGENE DOHERTY RUBBER WORKS, INC.
110-112 Kent Avenue, BROOKLYN, N. Y., U.S.A. (O.H.)

Like 3 Peas in 1 Po

GARHART

SYNTHAY SYMPLEX

Gives You 3 Uses in ONE Product

THAY SYMPLEX is an improved and more ing semi-translucent cement. It covers three ic requirements better and more economically e any other product. SYNTHAY SYMPLEX ntirely made in the U. S. COSTS ONE-RD LESS!

SYNTHAY SYMPLEX

wder Portion Liquid Portion
.00 each (Large Sizes) $1.00 each
orted Package, 4 powder portions
d 2 liquid portions, $8.50

1. SYNTHAY SYMPLEX can be used as an amalgam substitute for POSTERIOR and bicuspid cavities. Restores corners where much tooth-substance must be replaced.

2. SYNTHAY SYMPLEX can be used for cementing PORCELAIN JACKET CROWNS and metal crowns. No heat-distress is experienced. Sets promptly in the mouth when mixed stiff or thin.

3. SYNTHAY SYMPLEX can be used to replace amalgam for dies or models. Becomes hard enough to use in 30 minutes. SYNTHAY SYMPLEX sets so hard, its crushing strength is not exceeded by any other similar product. In eight improved standard shades.

GARHART REGULAR CEMENT

Mixed slow or fast—it's always a smooth mix. Prompt setting, free flowing, enduring, dense, less heat-distress. No lumps, granules, clots, or gas. Light, Pearl-Yellow-Gray and Gold Brown. Use Ceramic-Special for Porcelain Jacket Crowns.

GARHART 25% PURE COPPER CEMENT

Has greater strength and less shrinkage than any other copper cement because of its 25% pure metal copper contents. Potently germicidal. Perfect for filling deciduous teeth.

GIANT PORTIONS

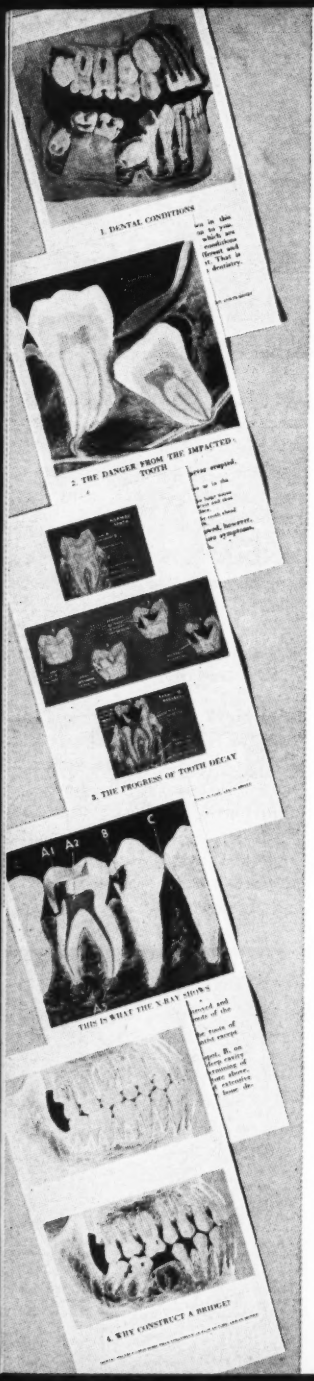
1/5 Larger

14 Portions $10.00
6 Portions $5.00
1 Portion $1.00

Order GARHART CEMENTS From Your Dealer Today. Garhart Cement Portions are larger (therefore more economical), the prices are right, quality are right.

GARHART
KENDALL SQUARE

DENTAL SPECIALTY CO.
CAMBRIDGE, MASS.



Contents of

"YOUR TEETH AND YOUR LIFE"

1. *Dental Conditions*—Numerous dental conditions are shown in this two color chart. You can readily explain them to your patients and show them why there is no standardization in dentistry; why no two cases are alike.

2. *The Danger From the Impacted Tooth*—With this chart patients will see why an impacted tooth is a constant source of danger because of infection that may develop.

3. *The Progress of Tooth Decay*—This chart shows patients in detail how a tooth decays if not taken care of properly.

4. *Why Construct a Bridge?*—Illustrating graphically a common condition. Explanation is made in lay language why every tooth that is lost should be replaced with a bridge—*the sooner, the better.*

5. *What Does the X-Ray Show?*—Two effective illustrations and a short explanation tells a complete, convincing story of the use of the x-ray.

6. *When the Dentist Fills the Tooth*—Here's a chart in which every patient will be interested. It shows the advisability of proper fillings.

7. *How the Loss of Teeth Affects the Face*—A comparison any patient can understand at a glance. It shows how the face and jaw changes in the lower third of the face with loss of vertical dimension consequent to loss of teeth.

8. *Pyorrhea Treated or Neglected*—This chart shows that health is endangered if pyorrhea is neglected. It shows the path of treatment and also the path of neglect. Patients cannot help but be impressed with this story.

9. *A Little Neglect May Breed Mischief*—A chart that tells a straight forward story, showing that dental neglect costs more than treatment: in pain, in time, and in money.

For your convenience in entering an order for copies of YOUR TEETH AND YOUR LIFE we reproduced in the *June* issue of Oral Hygiene our postage paid envelope form. Refer to pages 846-847 and tear out this form, paste it on one of your regular envelopes. Then clip the coupon on the opposite page and mail. *NO POSTAGE REQUIRED.*

80,000

copies sold in six months . . . .

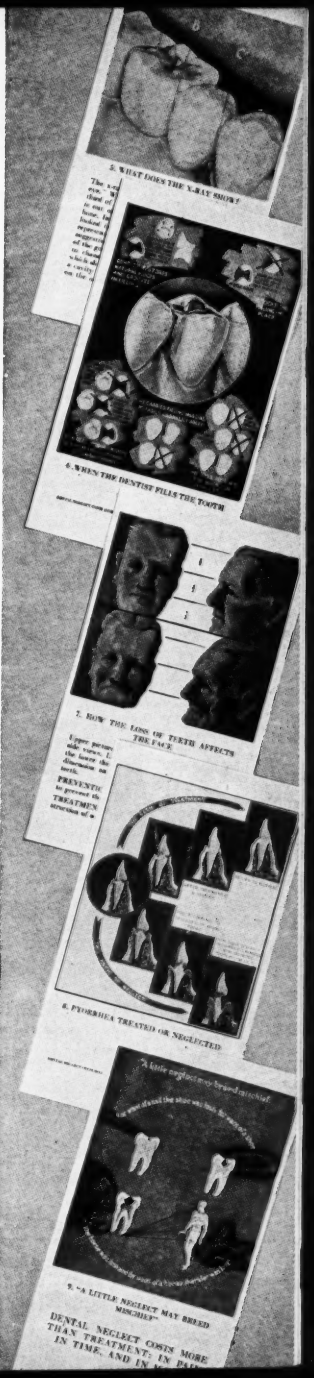
Last month we reported total sales of 50,000 copies of YOUR TEETH AND YOUR LIFE. Now we can report sales of more than 80,000—30,000 copies being distributed within a month's time.

If you study the contents of this booklet on the opposite page we know you will realize the importance of getting a copy into the hands of each one of your patients. It is material they will read. It will benefit them. It will help you too as patients are appreciative of the dentist who has their welfare in mind.

YOUR TEETH AND YOUR LIFE explains in lay language the wisdom of proper and constant dental care. The charts themselves, printed in two colors, tell the essential story.

Join the thousands of practitioners who are using YOUR TEETH AND YOUR LIFE now. Where can you obtain so much real value at so little cost? This material can be used advantageously in many ways: (1) as a statement enclosure; (2) for reception room use; (3) for patient distribution upon dismissal; (4) for dental societies and Parent-Teacher Association groups.

The prices are low—25 for $1.00; 100 for $3.00. Fill in the coupon and mail NOW. Invest in patient education material of an ethical and practical nature.



MAIL COUPON TODAY FOR YOUR SUPPLY

THE DENTAL DIGEST
1005 Liberty Ave., Pittsburgh, Pa.

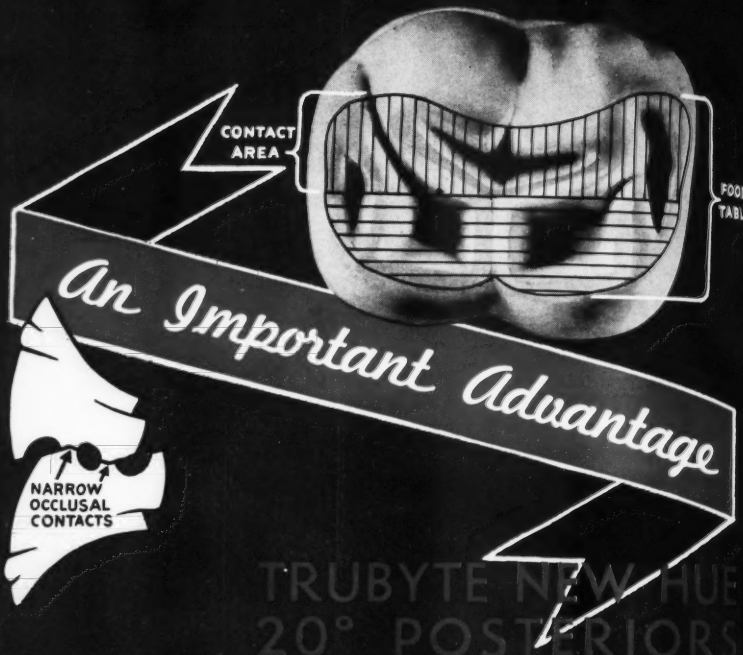
Here is $.....covering.....copies of YOUR TEETH AND YOUR LIFE.

Dr. .....

Address .....

City .....

Dealer .....O.H. 7



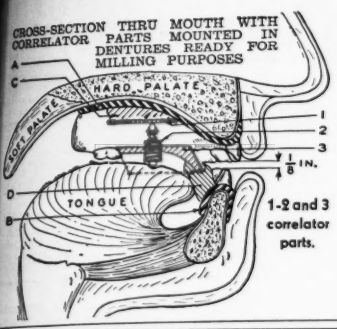
TRUBYTE NEW HUE
20° POSTERIORS

Have the Narrowest Contacting Surface of Any Artificial Posteriors

Their narrow occlusal contact prevents overloading of ridges. This reduces occlusal trauma and means comfort for the patient and a saving of time for the dentist.

YOU CAN DEPEND UPON TRUBYTE NEW HUE 20° POSTERIORS FOR COMFORT AND EFFICIENCY

THE DENTISTS' SUPPLY COMPANY OF NEW YORK



1-2 and 3 correlator parts.

THE CORRELATOR—
SOLD ON A MONEY BACK GUARANTEE

This instrument stabilizes dentures, enabling accurate spot grinding and milling to be completed in the patient's mouth. Since the jaws become the articulator, and the dentures are perfectly stabilized, the finest balanced relations may be obtained. This instrument is also used in securing bite relations.

Write for full information.

The Denture Correlator Manufacturing Co.
1927 25th Ave. No. Seattle, Wash.

The DEWEY School of Orthodontia

founded in 1911 by Martin Dewey, D.D.S., M.D.

Sessions held at intervals throughout the year. Date of next session on application. Classes limited.

•

For further information write

The Dewey School of Orthodontia, 17 Park Avenue, New York City

•

Inexpensive COMFORT

in

downtown
LOS ANGELES
HOTEL
CLARK

With the movie capital of the world and radio city within the borders of Los Angeles, entertainment reaches its zenith. Gay nights, laughter and life—sunny days filled with thrills and excitement. The Clark at Fifth and Hill, is a hotel where you'll find your every wish anticipated. Single from $2.50—Double from $3.50. Whether your sojourn in Los Angeles be for a day or a month — choose Hotel Clark.

Rooms
555
Baths

ALKALOL

in your practice

Prophylaxis—

ALKALOL diluted with an equal quantity of warm water is agreeable and soothing.

Denture Irritations—

ALKALOL held in the mouth will prove effective.

Vincent's Angina, Pyorrhea, Gingivitis, Dry Sockets—

Apply ALKALOL pure by means of cotton rolls. The longer the contact the better.

THE ALKALOL COMPANY
TAUNTON, MASS.

Write for free sample
·ALKALOL·
ALKALINE · SALINE · CLEANSING

10c per word, initials and figures used each counting as one word. Please send remittance with your order.

WANT ADS

Restricted to help and positions wanted, and practices wanted, and practices for sale. The minimum charge is $1.

FOR SALE: Practice and equipment in residential Hyde Park, Chicago. Established and operated for forty-two years. A rare bargain. "M" Oral Hygiene, Pittsburgh, Pa.

South Dakota unopposed practice, established thirty years; retiring. Nearest dentist thirty miles. Sacrifice price. Very small investment. County seat. "S" Kniest, 1537 S. 29th St., Omaha, Nebr.

FOR SALE: Equipment and practice of a leading dentist in city of two hundred thousand population in central part of New York State. Two chair office well equipped. Splendid oportunity for right type of dentist. "H" Oral Hygiene, Pittsburgh, Pa.

Dentist; highly qualified; references, etc., wants location, partnership, practice, lease, or good deal in Nebraska. Doctor Conn, 1537 S. 29th St., Omaha, Nebraska.

WANTED: Assistant dentist able to obtain Michigan license. Write to E. G. Boddie, 552 E. Warren Avenue, Detroit, Michigan.

WANTED: Dentist registered in New York. State age and qualifications. "L" Oral Hygiene, Pittsburgh, Pa.

WANTED: Experienced operator registered in New York State. Must be skillful with nitrous oxide and out of the draft. Permanent. State salary and age. "P" Oral Hygiene, Pittsburgh, Pa.

FOR RENT: Eighteen year established dental office, unequipped operating room, business office, laboratory, waiting room, steam heat, all utilities. Apply M. Gottlieb, Point Pleasant, New Jersey.

FOR SALE: Two chair modern, fully equipped Milwaukee, Wisconsin office. Unusual opportunity. Will assist in-coming man in getting acquainted. "D" Oral Hygiene, Pittsburgh, Pa.

Exodontist desires location, association or partnership. Licensed in Ohio and Pennsylvania. Will go anywhere; have equipment. "A" Oral Hygiene, Pittsburgh, Pa.

WANTED: Dentist as instructor in dental college. State qualifications in reply. "E" Oral Hygiene, Pittsburgh, Pa.

Practices furnished and sold, locations, partnerships; all states. F. V. Kniest, 1537 S. 29th St., Omaha, Nebr. Established 37 years.

A GOLD SAVER

WE SAY—"SAVE ALL GOLD"

Dr. Frey says, "Collected $32.50 in Gold Grindings in 90 days." Dr. Cox, "The $71.69 check I received from the refiner is what I saved with your GOLD CATCHER."

HOLG GOLD GRINDING CATCHER FOR USE AT THE CHAIR

A handy device with a clear shield in which you do your grinding restorations. Clamps on round table. Prevents work from dropping to floor; no searching for inlays. Worth-while economy in good times and BAD. Gold saved pays for it in a short time. Costs but $3.50. Send for this gold saver now.

CHED LABORATORIES 29 E. MADISON ST., CHICAGO, ILL.

WE INVITE YOU TO TRY

Attach this advertisement to your card or letterhead, fill in the bottom line and mail to us. We will send you a FREE trial sample.

CRATEX WHEELS AND POINTS

The World's Best Rubberized Abrasives for Fine Grinding and Polishing

I wish to try a CRATEX Wheel suitable for use on———————

CRATEX MFG. CO. **81 Natoma Street, San Francisco, California**

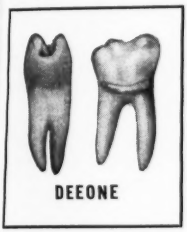
Send for FREE CATALOG OF CASTLE STERILIZER EQUIPMENT giving Hospital Sterilization Safety in your own office. Wilmot Castle Co., 1101 University Ave., Rochester, N.Y.

Tremendous Trifles
IN A DENTIST'S LIFE

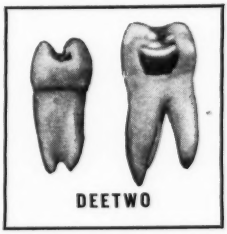
REMEMBER to win the unappreciative child patient.

Success often hinges on "trifles," so-called. The unappreciative child repays your sympathetic approach by becoming a lifetime patient. Another "trifle" that pays dividends in added service is to specify the gold of your choice to dealer and laboratory.

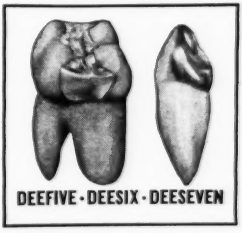
REMEMBER to specify DEE gold to your Laboratory or Dealer.



Soft, Type "A" Inlay Gold
$1.93 Dwt.



Medium, Type "B" Inlay Gold
$1.88 Dwt.



Hard, Type "C" Inlay Golds
$1.73 Dwt. $1.98 Dwt. $1.61 Dwt.

For White Gold Inlays say
DEELITE $1.25 Dwt.

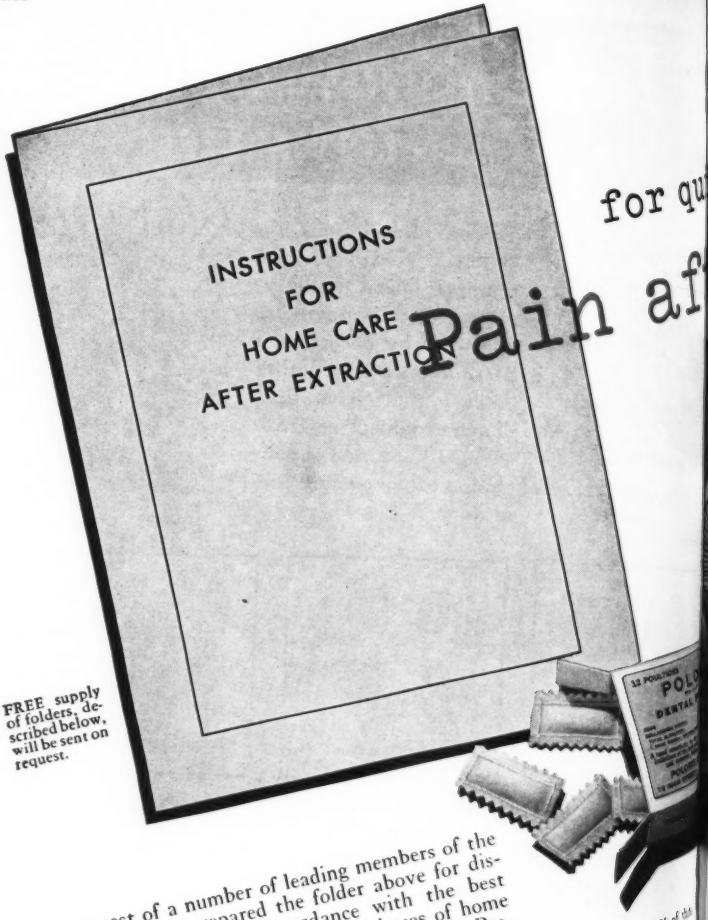
Your Dealer Can Now Supply Phillips Handle Pins

THOMAS J.
DEE & CO.
Precious Metals

GENERAL OFFICES AND PLANT
1900 W. KINZIE ST.

CHICAGO

DOWNTOWN OLD GOLD AND SALES OFFICE
55 E. WASHINGTON ST.

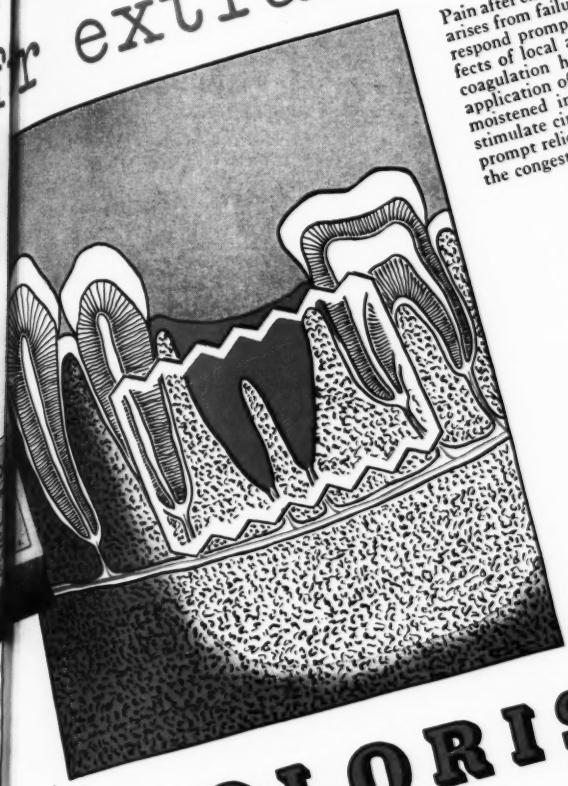


FREE supply of folders, described below, will be sent on request.

At the request of a number of leading members of the profession we have prepared the folder above for distribution to patients. In accordance with the best opinion available, it touches on these phases of home care after extraction: Mouth Rinses, Bleeding, Prevention of Swelling, Diet, Elimination, Relief of Pain. Long used effectively as a quick-acting anodyne in cases of Pericementitis, Gum Inflammation, Root Canal Therapy, and Erupting Third Molar, the use of Poloris Dental Poultice for relief of Pain After Extraction has become one of its most valued applications.

For FREE SUPPLY of this ethically advertised practice-building product send your card or letterhead to Poloris Company, Inc., 12 High St., Jersey City, N. J.

for quickly allaying after extraction



Pain after extraction frequently arises from failure of patient to respond promptly from the effects of local anesthesia. After coagulation has occurred, the application of Poloris Poultice, moistened in cold water, will stimulate circulation and bring prompt relief of pain caused by the congestion.

Prescribe POLORIS

DENTAL POULTICES FOR PROMPT PAIN RELIEF

ADVERTISING INDEX

WHO'S WHO AND WHERE

Although we aim for accuracy in this index, last minute changes often alter page numbers and positions.

PRINTED IN U.S.A.

FOR INDIGESTION...

DUE TO EXCESS STOMACH ACIDITY

BiSoDoL

POWDER • MINTS

Free samples on request

The BiSoDoL Company
New Haven, Conn.

CO-RE-GA'S

Four Cardinal Points

Doctor!

THIS COUPON IS FOR YOUR EXCLUSIVE USE

PLEASE SEND FREE SAMPLES FOR PATIENTS

Dr. _____

_____

_____

COREGA CHEMICAL COMPANY
208 ST. CLAIR AVE., N. W. CLEVELAND, OHIO

CO-RE-GA *is not advertised to the public*

SAFETY

One of the most striking characteristics of Allonal is that it can safely be prescribed night after night, as required, without danger of cumulative action or morning-after hangover. The hypnotic component is destroyed promptly in the body and eliminated. Because of the synergism of its two ingredients, allyl-isopropyl-barbituric acid and acetophenetidin, it is neither a short-acting nor a long-acting hypnotic. One or two tablets can be counted on to bring 6 to 8 hours of refreshing sleep—even in the presence of pain. Allonal does not contain amidopyrine. • • • HOFFMANN - LA ROCHE, INC. • NUTLEY, N. J.

ALLONAL, SENSIBLE HYPNO-ANALGESIC

CO-RE-GA'S

Four Cardinal Points

Doctor!

THIS COUPON IS FOR YOUR EXCLUSIVE USE

PLEASE SEND FREE SAMPLES FOR PATIENTS

Dr._____

_____

_____

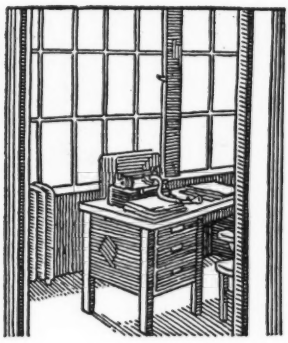
COREGA CHEMICAL COMPANY
208 ST. CLAIR AVE., N. W. CLEVELAND, OHIO

CO-RE-GA is not advertised to the public

SAFETY

One of the most striking characteristics of Allonal is that it can safely be prescribed night after night, as required, without danger of cumulative action or morning-after hangover. The hypnotic component is destroyed promptly in the body and eliminated. Because of the synergism of its two ingredients, allyl-isopropyl-barbituric acid and acetophenetidin, it is neither a short-acting nor a long-acting hypnotic. One or two tablets can be counted on to bring 6 to 8 hours of refreshing sleep—even in the presence of pain. Allonal does not contain amidopyrine. ••• HOFFMANN - LA ROCHE, INC. • NUTLEY, N. J.

ALLONAL, SENSIBLE HYPNO-ANALGESIC



The Publisher's CORNER

No. 242

By Mass

ANOTHER READER DISAGREES

LAST MONTH, the CORNER quoted Doctor F. G. Robeson of River Forest, Illinois, who disagreed with the Delaware dentist quoted in June. Now comes another CORNER customer, Doctor Lawrence A. Etu of Chicago, to voice his own disagreement with the Delaware contributor:

"After reading the CORNER in June ORAL HYGIENE, I certainly can see why most dentists have an inferiority complex. I do not agree with the author's attitude; but if I did, I would have two inferiority complexes.

"Granting that 95 per cent of dentistry is reparative, I think it requires a great deal of skill (instead of a little bit of mechanical skill, as the author states) if we only half strive towards the ideal.

"As to the monotony as years go by, and the work becoming worse and worse, I can only say that no two cases and no two persons are alike: each case provides a new interest which requires thought and application. We should, therefore, increase our knowledge and skill as the years go by—making us better and better dentists. At least that is the way it should be if senility does not creep upon us too soon.

"Now I will compare the educational status of a physician to that of a dentist. Are we not all high school graduates, with the same type of course required for entrance? Is not the medical curriculum the same as the dental, four years? There was just one year difference between the pre-medical and the pre-dental course, which had very little bearing, if any. At present, most universities require two years' preparatory work for both; when it was less, most medical courses were also shorter. Where should the inferiority complex come in? Do we not take all the general courses of fundamental science, and finally specialize in dentistry? The medical men learn to take care of the whole body in the same length of time. Yet *we* know nothing, but the medical men know all about everything. You surely give the medical men credit for colossal brains.

"I did not study dentistry think-

Now KONFORMAX REBASE *with* REBASE ACCELERATOR

Konformax Rebase has proven its value to the dental profession as a slow setting impression material for rebasing purposes.

An accelerator is now available for producing any desired setting time, from one hour down to five minutes.

The addition of Accelerator to Konformax Rebase makes this combination a very valuable aid in the taking of original impressions in base plates or modeling compounds.

This new Combination Package contains six tubes of Konformax Rebase and one tube of Rebase Accelerator.

Each tube of Konformax Rebase and Rebase Accelerator is packed in an individual, sealed carton.

Price of Combination Package is $4.00

ORDER THROUGH YOUR DENTAL SUPPLY HOUSE.

KONFORMAX LABORATORIES, INC. BROOKLYN, N. Y., U. S. A.

ing I would want to practice medicine, or I would have taken up medicine. I think that holds true for the majority of dentists; we are not trying to fly under false colors. We may think a patient needs an appendectomy, hysterectomony, thyroidotomy, *ad infinitum*. Our diagnosis may even be correct, but do we tell the patient to tell his physician to remove such and such? We do not—but they certainly do not hesitate to tell us what to do in our line. I might add that if the majority of physicians knew one-tenth as much about dentistry as we do about general medicine, they would be in a better position to interfere in our business than they now are.

"Yes, we believe in cooperating with the medical men, but their telling us what to do is a different matter. Yet we contend with just that sort of thing every day. I understand that most medical schools give their students meagre knowledge, if any, pertaining to the science of dentistry. Does the privilege of signing a death certificate, or the bestowing of an M. D. degree, endow them with such complete and divine knowledge of anything and everything? To me it does not.

"Judging 'both professions strictly on their merits, you find a very wide margin in favor of the medical man'—yes, true, from an inferiority-complex point of view, or when one thinks everyone is a better man than himself—but not from the point of view of one who believes 'no one thinks anything of you unless you do yourself.'"

"You say medicine is a 'must' profession. Well, it is all in the way you look at it. When you want a house built, artisans are very necessary, and theirs are 'must' trades. The same holds true when you're charged with murder—then the lawyer belongs to a 'must' profession. And when dental services are needed, dentistry is a 'must' profession. So I don't know why we have to hold our heads a little lower than medical men. Of course, I realize that to be humble is a true virtue, because we all know so little and are so unimportant. And the proof of it lies in the fact that teeth still decay and patients become edentulous, and people get sick and die prematurely in spite of all the progress of science.

"The admission that someone is 'a better man than I' never hurt anyone, true, but does the M. D. title make it so? Is he a better physician than I am a dentist, or does he possess more general knowledge than I? Then why should we be submissive and kowtow to any man because he happens to have an M. D. degree?

"Now as to the use of the title 'Doctor.' If my memory serves me well, 'doctor' means 'teacher.' Who gave medical men the right to think that they have a mortgage on it? I grant you *they* do think so, but that does not make it so, and I, for one, will not relinquish it without a fight. Do not misunderstand me; I am not inflated by the 'Doctor' title. I would be the first to sign a petition to do away with it, that is, for *all* professions. I really

(*Continued on page 1041*)

Evolution of the Tooth Brush

Oral hygiene goes back to primitive man. Many and odd were the implements used in tooth brushing. A few are pictured here.

Mohammedans employed sticks of special wood, one end beaten to a fibrous brush.

A variety of sponge used in many countries until not many years ago.

A brush with two heads (one of the earliest made with bristles) during the early eighties.

An interesting bristle brush of some hundred years ago.

1941...
the D. D. TOOTH BRUSH

Scientifically Designed to Brush the Teeth and Massage the Gums

Convenient handle twist naturally causes placement of brush surface parallel to teeth and gums . . . for thorough cleansing and massage. Brush head is compact, the tufts widely separated with smooth and level contour. Bristles are unusually resilient, genuine. All five tooth surfaces are reached.

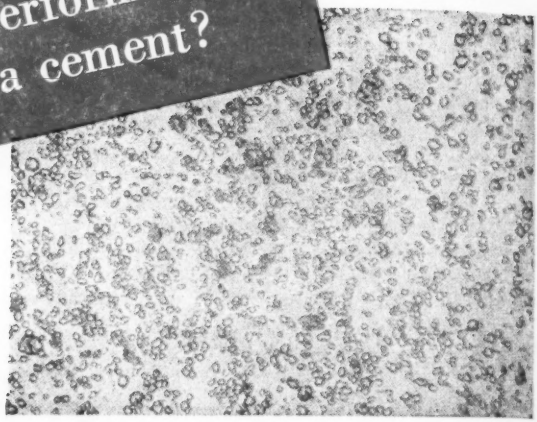
The Modern Tooth Brush for Patients of the Modern Dentist

BRISTOL-MYERS COMPANY
630 Fifth Avenue Dept. 4 New York, N. Y.

QUESTION

5.

How does particle size affect the performance of a cement?



FLECK'S CEMENT

(OXY-PHOSPHATE OF ZINC)

FLECK'S ARGENITE used with Fleck's Cement powder in place of regular Fleck's liquid provides a *sedative* germicidal cement for capping pulp exposures and near exposures. Its unique, germicidal action saves teeth that could never be saved before! It depreciates red cell infection, carious recurrences and provides conditions which are favorable for the growth of secondary dentin.

FLECK'S BLENDING POWDERS provide a dependable means whereby cement may be used esthetically under porcelain and acrylic inlays, crowns, etc. The concentrated shades of pink and gray were specially developed to be blended with regular Fleck's Cement so that it may be matched perfectly to live teeth or ceramic and acrylic restorations. These cement powders can be used to advantage to assure a more esthetic, live appearance to cementations.

MIZZY INC.

MIZZY, INC. • MANUFACTURERS

Answer: Uniform particles of microscopic size (10 microns) insure complete and *uniform reaction* between cement powder and liquid. Such *controlled* reaction permits a greater amount of powder to be thoroughly incorporated into a homogeneous, plastic mix which in turn produces a denser, stronger, more impervious cement.

We show in highly magnified proportion an illustration of particles of Fleck's Cement. The fineness of the particles, which measure a maximum of 10 microns, *and their phenomenal uniformity at that size* are two important reasons why Fleck's Cements develop such great density and such resistance to compression, disintegration, penetration and solubility. It is also a reason why you can set the most finely adapted work with a tremendously dense, neutral-setting mix of Fleck's Cement.

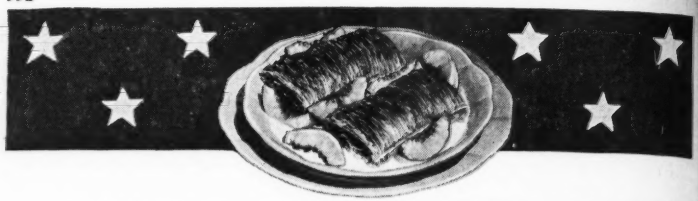
Because it's safer, because its recorded performance is greater, most dentists throughout the world use Fleck's Cement.

FLECK'S CEMENT

(RED COPPER)★

★ **FLECK'S RED COPPER**—famous throughout the world as the standard for germicidal cement assures positive germicidal protection in posterior cementations, linings underneath amalgam fillings and in children's dentistry. Its special properties made possible the protective cementing technique which is now normal procedure in routine practice. Fleck's led the field in all 21 tests of the most comprehensive research ever conducted on copper cements.

105 E. 16 ST., NEW YORK CITY



WHOLE WHEAT AND MILK FOR NATIONAL FITNESS

An Excellent Combination In The Campaign Against Dietary Deficiencies

★ An appetizing, inexpensive way to get a more complete quota of eight important nutrients is National Biscuit Shredded Wheat and milk. As an instance, take Vitamin B_1. Two National Biscuit Shredded Wheat afford a minimum of 60 I.U. of this vitamin, as Nature provides it. A cupful of milk added to the dish gives approximately 38 I.U. This simple breakfast, therefore, contains a generous part of the daily requirement.

In addition, the combination has an appreciable content of the seven other nutrients shown in the chart below.

Because National Biscuit Shredded Wheat is made of 100% whole wheat, including the wheat germ, not highly milled, it affords all the energy of the whole grain, as well as vitamins and minerals in Nature's own way. When fruit is added to the dish, of course you get even more of these nutrients.

Whole wheat, in this form, with milk, constitutes an excellent "stand-by" food in the National Fitness campaign to correct dietary deficiencies—with nutrients that are vital to the Nation's fitness.

Baked by "NABISCO"
NATIONAL BISCUIT COMPANY
Address: New York, N. Y.

Important Nutritional Values

Analyses show the following nutrients *naturally* present in 2 National Biscuit Shredded Wheat with a cupful of milk:

VITAMIN B_1 . . Over 1/3 daily min. adult requirement
CALCIUM . . . . Over 1/3 daily min. adult requirement
PHOSPHORUS . Over 1/2 daily min. adult requirement
IRON . . . . . Over 1/5 daily min. adult requirement

There is also a generous part of the daily energy requirement (CARBOHYDRATES and PROTEINS) and other nutritional necessities including VITAMIN A and VITAMIN G.

Reprints of this page will be sent free of charge, on request. Address National Biscuit Company, Dept. R-8, Station O, New York, N. Y.

A "Must Have" ITEM FOR YOUR DENTAL OFFICE...

WITH this Kerr Therapeutic Unit you are ready to treat completely and confidently dry sockets, Vincent's disease or post-operative infection.

The included Kerr Surgical Dressing is a specialized analgesic jelly which, in a dry socket, becomes a protection for the blood clot formation.

The Kerr Glycerite of Copper Sulphate is standard germicide for dry socket or Vincent's infection application. Its hygroscopic base provides lasting stability.

The special Kerr Analgesic provides immediate pain control and is widely useful as a general purpose topical anesthetic.

The Kerr Gauze Strips for drying and medicating sockets are far superior to cotton pledgets because they have selvage edges to prevent catching on roughened bone.

The Kerr Surgical Gauze is saturated with medication and protects socket during period of recovery.

Medicaments have been developed by leading exodontists and compounded from C. P. or U. S. P. ingredients. Labels carry formulas. Each package includes directions equivalent to complete technic.

Specialists and general practitioners have warmly welcomed the Kerr Therapeutic Unit as a distinct and valuable service not hitherto available.

Have it ready when need comes.

KERR DENTAL MFG. CO., Detroit
Established 1891

KERR
REG. U.S. PAT. OFF.

THERAPEUTIC UNIT


FEARLESSLY
Over 100 million injections made

...the Highest Jump

...but frightened crossing her dentist's threshold!

PREVENT PAIN TO HELP PATIENTS FORGET "DENTAL DREAD"

WITH pain prevention through the use of local anesthesia becoming more general practice - - - today's generation should never dread dental appointments.

By the same token, the fears of older patients may also be overcome. Even a minor operation, with pain controlled, can prove an experience that will dispel all future dread — dread which if not eliminated postpones appointments.

For routine daily use of local anesthesia, many dentists have wisely selected Novocain with Cobefrin and the new Waite formula, Novocain-Pontocaine-Cobefrin. These two solutions fill every need for a local anesthetic, at the same time assuring equally wide tolerance and freedom from undesirable side-effects.

COOK LABORATORIES, INC
THE ANTIDOLOR MFG. CO., INC
170 Varick Street • New York, N. Y
Laboratories: Rensselaer & Springville, N. Y.

NOVOCAIN with COBEFRIN
NOVOCAIN-PONTOCAINE-COBEFRIN

NOVOCAIN, PONTOCAINE, COBEFRIN: Reg. Trademarks

...with solutions containing Cobefrin

A Palatable Nutrient, Rich in Minerals and Vitamins

When added to the dietaries of children, Ovaltine markedly augments the intake of many food essentials. Providing minerals, vitamins, and other nutritional elements in readily utilized form, it aids materially in the aim toward optimum nutrition so important during the years of tooth formation and growth.

The proteins of this delicious food drink are of high biologic value, hence contribute to the satisfaction of growth requirements. Its minerals, well emulsified fat, and carbohydrate are readily absorbed, and its diastatic action facilitates starch digestion.

The recommended three daily servings of New Improved Ovaltine, made according to directions, each with 8 oz. of milk*, provide in addition to protein, fat, and carbohydrate 2578 I.U. vitamin A, 302 I.U. vitamin B_1, 491 S.B.U. vitamin G, 327 I.U. vitamin D, 1.05 Gm. calcium, 0.903 Gm. phosphorus, 8.9 mg. highly available iron, and 0.75 mg. copper.

Not only in health but also following dental manipulation, when the maintenance of a good nutritional state in the child frequently presents difficulties, Ovaltine deserves an important place in the diet.

Palatable, it is readily taken though many other foods may be refused. Because of its easy digestibility, it may be given as often as necessary.

(*Based on average reported values for milk)

NEW IMPROVED

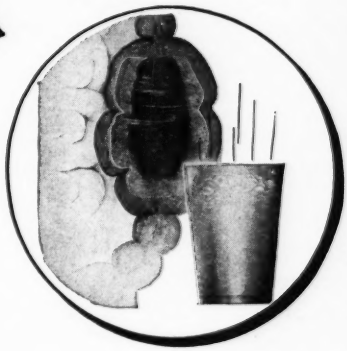
Ovaltine

2 KINDS—PLAIN AND CHOCOLATE FLAVORED

Ovaltine now comes in 2 forms—plain, and sweet chocolate flavored. Serving for serving, they are virtually identical in nutritional value. Dentists are invited to send for individual servings of New Improved Ovaltine. The Wander Company, 360 North Michigan Avenue, Chicago, Illinois.

Treating Oral Foci of Infection?

try LIQUID BULK



SAL HEPATICA PLUS WATER

Helps Guard Against Systemic Invasion

Among the oral conditions which frequently lead to systemic invasion are periapical infection, pyorrhea, retained root fragments and Vincent's angina. Routine use of Sal Hepatica in these and other dental cases helps retard wide-spread infection by effectively cleansing the intestinal tract of harmful waste. The *liquid bulk* supplied by Sal Hepatica plus water gently stimulates peristaltic movement and flushes the bowels.

Sal Hepatica, in addition, aids digestive function by combating excessive gastric acidity and by stimulating the flow of bile. Send for trial supplies of Sal Hepatica.

Sal Hepatica Flushes the Intestinal Tract . . . .

BRISTOL-MYERS COMPANY

19-L West 50th Street • New York, N. Y.

Build For INCREASING

Her Trubyte New Hue restoration represents the latest development in dental science and ceramic art.

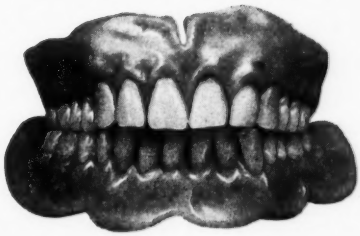
FOR DENTURES WITH PERSONALITY

THE DENTISTS' SUPPLY CO

PROSTHETIC SUCCESS

CREATE dentures your patients are proud to wear. Trubyte New Hue Teeth have every essential necessary for the duplication of attractive, healthy natural teeth—shades that truly match natural tooth shades—moulds that follow nature's plan for harmony of tooth and face form—translucent, fluorescent porcelain.

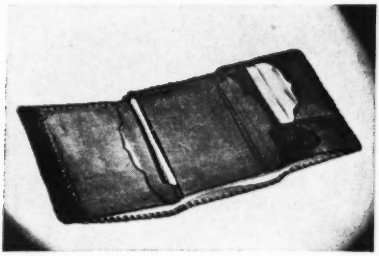
TRUBYTE NEW HUE TEETH



A denture the patient is proud to wear—A Tribute to Prosthetic Skill and Trubyte New Hue Teeth.

TRUBYTE NEW HUE TEETH

PLY COMPANY OF NEW YORK



It is not a matter of POCKETBOOK

Important as it is, the public pocketbook is not the *most important* factor in the economic welfare of a dental practice. There always has been a large segment of our population who can afford adequate dental care but who visit a dentist only on acute necessity. Of a cross-section group of 300 people in a middlewest city, 48% said *fear of pain* caused them to delay seeing a dentist; only 29% gave *expense* as their excuse.*

Dentists who use McKesson nitrous oxide equipment have learned the economic advantages of practical, efficient pain control. The McKesson Nargraf for *anesthesia and analgesia,* and the Easor for *analgesia only,* in addition to their many operating advantages, perform a vitally important economic function in making dentistry easier and more inviting for the people who delay dental treatment because of fear and apprehension.

Now is a good time to give some thought to making a McKesson machine your next equipment investment. Both the Nargraf and the Easor are easy to operate and easy to own. Let us send you information on either or both of these machines. Return the coupon. It will involve no obligation.

*What Patients Think About Dentistry—Oral Hygiene, March, 1941.

O.H.8

McKESSON APPLIANCE COMPANY, TOLEDO, OHIO: Please send without obligation complete information on ☐ Nargraf (for anesthesia and analgesia); on ☐ Easor (for analgesia).

Dr..... City .....

Address ..... State .....

This will interest you, Doctor!

Dental Plate Brush and Adhesive Powder combination for the price of the brush alone!

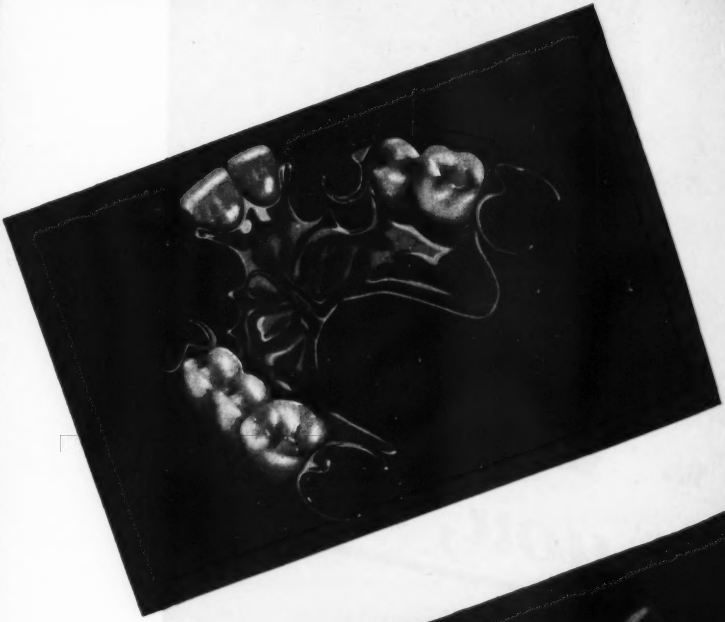
Here's a money-saving combination that will be welcome to those of your patients who wear plates. It is on sale at drug counters now.

You, yourself, are certainly familiar with Pro-phy-lac-tic's reputation for manufacturing quality brushes. This improved plate brush is bristled with Prolon...Pro-phy-lac-tic's name for the finest synthetic tooth brush bristle made by du Pont.

Perma-Grip Denture Powder has won the enthusiastic praise of dentists in all parts of the country. The two products, at this special price, are a bargain which many of your patients would, undoubtedly, be happy to know of.

MADE BY THE MAKERS OF MASSO AND PRO-PHY-LAC-TIC TOOTH BRUSHES

S.S. White



FOR COMPLETE SATISFACTION USE AN

...tCasting Golds

FOR ALL TYPES OF CLASPS, BARS, AND PARTIAL DENTURES

No. 3 An outstanding alloy, strong and elastic, yet unusually tough. Coin-gold color.
$1.95 per dwt.

When economy is a dominant factor

No. 19 It's hard, strong, and thoroughly dependable.
$1.65 per dwt.

Both these golds are known as all-purpose golds and may be used for hard inlays, ¾ crowns, abutments, and bridges, when margins need not be burnished.

FOR INLAYS, ¾ CROWNS, PONTICS, AND ANTERIOR ABUTMENTS

***820** A superior, medium hard, type B gold, of light coin-gold color. It can be burnished.
$2.02 per dwt.

***No. 5** An economy, type B gold of excellent quality. Has a rich gold color.
$1.85 per dwt.

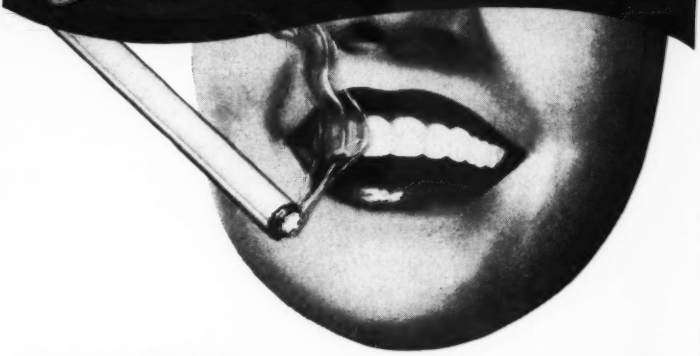
Guaranteed to comply with A.D.A. Specification No. 5 for Inlay Golds.

Prices subject to change without notice.

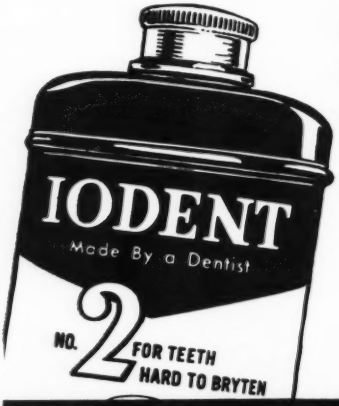
THE S. S. WHITE DENTAL MFG. CO.
211 S. 12th St., Philadelphia, Pa.

...E AN...CIFY S. S. WHITE CASTING GOLDS

Now! A POWDER OR PASTE FOR Smoke Smudged TEETH



No. 2 POWDER *is destined to become as famous as IODENT No. 2 PASTE. Both made to do their job safely and more pleasantly*



No. 1 POWDER or PASTE is ideal for children, and teeth easy-to-Bryten

DENTISTS *(only)*
REQUESTING SAMPLES

Please specify whether paste or powder is wanted. Request *must* be on your letterhead and carry your *authentic* signature.

THE IODENT CHEMICAL COMPANY
DETROIT, MICHIGAN

Made by a Dentist